THE LANCET.

VOL. I.] LONDON, SATURDAY, SEPTEMBER 28, 1839. [1839-40.

PREFACE.

ALTHOUGH at the opening of a new medical year we are denied the satisfaction of congratulating our readers on the successful settlement of the great national question of Medical Reform, yet, assuredly, there is ample ground for exultation on witnessing the rapid and extraordinary progress which that subject has made in the minds of the entire people of this empire. When the first number of this work was published, on the 5th of October, 1823, sixteen years ago, the medical profession in this country presented a moral and a physical chaos, which it would be impossible to find language to describe. Amongst that body there was no unity of purpose, no controlling opinion, no harmony of interests, and not a single medical corporation which ever consulted, or thought of consulting, the general medical body on any question of professional polity or government. How great, how vast, how universal, the change that has been effected! Discussion, and an useful system of agitation, have been made the efficient means of exposing to the Legislature and the people of this nation, the manifold evils which result to society from an imperfect and unjust system of medical laws. The members of the profession have been awakened to a sense of their true interests, and now deeply feel their own degradation, through having no representative body to control and guide them while they are engaged in the honourable discharge of their professional duties. The opinion which has been created through the instrumentality and aid of a perfectly free and unshackled medical press, is extending its influence throughout every class of society, and, ultimately, it must prove irresistible where its influence is most needed,—namely, in the Legislature of the empire.

Far, however, be it from us to allege, that the question of Medical Reform is even now *half understood* by some of the dabblers in medical politics. Nor are we inclined to assert that all those who have engaged in the contest, are really the sincere advocates of an honest and enlightened system of medical government. Of late there has been some coquetting with the self-elected corruptionists of the medical corporations, which is anything but creditable to the parties who have been engaged in it. When the advocates of a cause are really well disposed towards it, but are, at the same time, manifestly ignorant of the subject, we know how to treat them, and to treat with them, so as to secure a

most valuable and powerful co-operation. But the influence of an amount of baseness which no human forethought could have conjectured would ever exist in the minds of men who claim to hold a respectable station in society, may not be so easily exposed and combated. Events, which time must soon disclose, will afford to us many opportunities of returning to this very disagreeable subject.

The applications to Parliament relative to the question of Medical Reform have become numerous and pressing, and it would be well if at the commencement of the next Session a new battery of petitions from medical practitioners were to be opened upon that sluggish assembly. The BRITISH MEDICAL ASSOCIATION, which, at the first moment of its existence, entered upon the true and honest path, and has faithfully kept the right road, continued its labours with energy and zeal throughout the last session of Parliament, and worked the Poor-Law question with such admirable effect, as to wring from the Commissioners the new recommendatory regulations which were published in THE LANCET of July the 13th, 1839. On this subject equal praise is due to the Poor-Law Committee of the Provincial Medical Association, the efforts of the members of which were zealous, able, and honest. In addition to the petitions which have been presented to the House of Commons from the BRITISH MEDICAL ASSOCIATION, there has been one laid before that assembly from the Provincial body, and it may be fairly characterised as a document containing bold, comprehensive, and just views. In Edinburgh, the agitation of Medical Reform is beginning to move in the undercurrent of opinion which circulates in private parties of the profession who meet in that city; and, in Dublin, public meetings of medical bodies have been held, where the question has been both deliberately and furiously debated. This continued agitation of medical grievances, and of the evils which result to society from their existence, must, at last, produce the long-desired object of establishing a national and thoroughly correct principle of medical government in this country.

There has lately come to the aid of the good cause the verdict of a jury in the case of the APOTHECARIES' COMPANY *versus* GREENOUGH. The Judges on an application to the Court may grant a new trial, or set aside that verdict as being bad in law; but the effect of it must remain upon the public mind, and every man of common sense and ordinary observation will naturally inquire what can be the character and value of a law which admitted of such a decision by twelve honest men, who were called upon, not to decide on the *law*, but on the *facts*, of the case. Thirteen years since we exposed the juggle which led to the introduction of the "druggist's clause" into the Apothecaries' Act. *Before* 1815 druggists practised as apothecaries; *since* 1815 druggists have practised as apothecaries. The Company have had their law for twenty-four years. Why, if they knew that it was good for anything, was the question left so long untried? Why did they go into *Lancashire* for a case? Are there not hundreds of instances of druggists practising as apothecaries *under their very noses*, in the very metropolis itself? And, yet, have they ever fairly tried the question for the protection of their licentiates? Have not quacks, the most notorious, the most cruel, the most brazen, unblushingly carried on their infamous traffic *here*, in this very city, at the very portals of "the Hall," without having suffered molestation or annoyance from the Worshipful Company, the redoubtable and high-minded protectors of the profession? Is the offence of the quack trifling and unimportant, because his crime is of an enormous magnitude? Is his offence insignificant because he slaughters his deluded and unsuspecting victims by *wholesale*. Out upon ye, ye hags! Away, into your cauldron! Your hours are numbered.

The Royal College of Surgeons, in Lincoln's-inn-fields, preserve their character for

slothfulness and inactivity, excepting it be for the attainment of improper objects. In the spring of the present year the selfish Council presented a memorial to the Secretary of State for the Home Department relative to the supplying of the schools of anatomy with bodies for dissection, and prayed that the distribution might be entrusted to *the memorialists*,—to the disinterested and generous-minded Council of the College of Surgeons. Oh! the blockheads. If they cannot comprehend what is *just*, cannot they READ? Is there a clause, a provision, a word, a syllable, in the Anatomy Act, *to warrant such an application*? The SECRETARY OF STATE is empowered to appoint INSPECTORS OF ANATOMY and not "DISTRIBUTORS OF BODIES." Some of the teachers in the private schools, with that mean and slavish submission which has often at other times characterised their conduct, have joined the Council in this dirty manœuvre, and become their fellow memorialists. But there are other professors and lecturers who, to their honour be it spoken, have refused to sanction the foul scheme which had been projected by the patriotic Council. Among the non-conformists are Mr. R. QUAIN, of University College, Mr. GRAINGER, of the Webb-street School, Mr. SMITH, of the Windmill-street School, and Mr. HILLES, of the Westminster School. The object of the Council, clearly enough, is to hamper and perplex the teachers of the private schools, and send them to the wall; and Mr. QUAIN is entitled to great praise,—at the head, as he is, of the largest school of anatomy in the metropolis,—for having withheld from them the sanction of his support. One proposal of the memorialists merits peculiar notice. The *majority of the Council*, and *their relatives and immediate connections*, being *the hospital surgeons of the metropolis*, claim the bodies of persons who die in the hospitals, for *the schools of those hospitals!* In other words, it is suggested by them that *they*, being in possession of certain preserves, shall bag and carve all the game that shall be killed therein! And yet they propose to befriend the "poachers,"—the first time by trying the ingenuity of their fingers at a halter! As the provisions of the Anatomy Act appear to be so very grossly misunderstood, we will embrace an early opportunity of reprinting that statute in the columns of our Journal.

Since the commencement of the last ANNUAL SET OF THE LANCET, the Editor, mainly through the persevering exertions of his professional brethren, has been elected to the highly honourable and important office of CORONER for the Metropolitan County. He hopes to be enabled to prove his gratitude for the confidence which has been reposed in him, by the faithful and zealous discharge of the duties of his office; and, moreover, he trusts that the example thus shown of electing a medical coroner in the metropolis, will operate as a precedent that is worthy of being adopted in all the future elections for coroners throughout the kingdom. The Medical Coroner for Middlesex is now enabled to state, from experience, and careful observation of the working of his office, that it is *impossible* for any gentleman who has *not received a medical education*, to perform, advantageously for the public interests, the functions which pertain to the office of Coroner.

If this Journal, sixteen years since, had been projected by the writer for the comparatively narrow-minded purposes of advancing his own situation in society, and promoting his own worldly interests, no anticipations that he might have formed could have equalled the importance and value of the rewards which have been so generously and confidingly bestowed on him. But that he had other, more worthy, and more extensive views, he hopes to be enabled to prove by the future acts of his life.

We have to announce for publication in the present medical year, the following

NEW COURSES OF LECTURES AND PAPERS.

At the Museum of Natural History in Paris, in the year 1835,

A SPECIAL COURSE OF LECTURES

was delivered by the Professor of Comparative Anatomy at the Garden of Plants,

M. DE BLAINVILLE,

ON THE

COMPARATIVE ANATOMY OF THE SKELETON.

This subject had occupied the attention of M. De Blainville, as a lecturer, in the College of France, for nearly twenty years, and the discourses delivered by him on this occasion were distinguished for the originality and completeness of the course, which was valuable alike to the student of medicine, the naturalist, the geologist, and the zoologist. They are now being prepared for publication by the professor, illustrated by drawings from the magnificent museum that is under his control, and it is our intention to publish them in an English form, edited by Dr. Robert Knox, of Edinburgh, and very greatly enriched by remarks and annotations from the pen of that celebrated anatomist, the accumulation of twenty years of observation and research, specially directed to this interesting subject.

This great work of two of the most learned and accomplished anatomists of Franceand Scotland, demands from us a brief history, previous to the appearance of the first portion in our pages. The lectures of M. De Blainville, in the form in which he has now adapted them for publication, constitute an "Osteographie;" or a "Description (Iconographic) of the Skeleton, and Dental System of the Five Classes of Vertebrated Animals, Recent and Fossil."

Such a work presents to the student of anatomy the groundwork for all his researches into the osseous system. The perfection to which M. De Blainville has brought this department of Descriptive Anatomy is of the highest kind. The naturalist who is master of the principles developed in these lectures, may recognise in any fragment of bone, however triflingly characteristic, the class, order, family, genus, and species, of the vertebrated animal of which it formed a part; and, if it be fossil, in what respect the animal differed from such species as are now found in the living state. The discoveries of Cuvier, Parkinson, D'Alton, and other naturalists, enabled them only to form conjectures on these questions. M. De Blainville has been carried on to the regions of certainty, and the anatomy of the vertebrated skeletons is now complete. To the student of medicine, with whom a perfect knowledge of the osseous system is the basis of his acquaintance with human anatomy, M. De Blainville presents an explanation of the skeleton more complete than was ever before produced, having advanced his discoveries and reasonings in osteography far beyond those of the celebrated Cuvier, from whose shoulders the mantle has fallen on a worthy successor,—one to whom all men of science now look up as the first zoologist of his time.

The interest and value of the purely descriptive part of these papers are largely increased by historical and critical accounts of each group of bones; the mode in which hey are classed by zoologists; the principles of their classification; their geographical

distribution; and the manner in which, and the time when, those which are of a fossil kind first became known to the geologist. All these subjects are treated with brilliant clearness by the professor, who has succeeded in rescuing them from the previous mysticism of French osteographists, the transcendentalism of the German writers, and the obscurity and misrepresentation which characterises their treatment by some physiologists in England. The labours of M. De Blainville, however, have effected yet more than this. He has finally decided the scientific distribution of the whole animal kingdom into its natural orders and species,—a result in natural history which was previously unaccomplished.

Of the means possessed by the lecturer for effecting these remarkable improvements, and his competency to teach them, sufficient is known to render it unnecessary for us to make fuller mention. The collection of skeletons at his command is the most extensive in Europe. The fossil bones on which Cuvier built his fame, and which have been since nearly doubled in number by the collections of the Abbe Croizel and M. Lartet, and casts of all those which have been discovered in India, America, and Germany, within the last few years, are before him. His position and means, indeed, as a lecturer and writer on these subjects, are unequalled in France, and could only be paralleled in this country by the

OPPORTUNITIES AND COMPETENCY OF DR. KNOX

For the task which he has undertaken as

THE EDITOR OF M. DE BLAINVILLE'S LECTURES IN THE LANCET.

The name and reputation of Dr. Knox form a guarantee to the public for the correctness of their translation, and the value of the original English matter with which he will enrich them. Dr. Knox was the familiar friend of the great zoologists, Cuvier, De Blainville, and St. Hilaire. With the two latter philosophers he continues an intimate acquaintance. He is the constant correspondent of M. De Blainville on subjects of science, and is perfectly conversant with the physiological views of the French Professor. The history, indeed, of Dr. Knox, as an anatomist, is that of a never-wearying student, a frequent discoverer, and a successful teacher. In 1821-2, he studied in Paris, in communication with De Blainville, Cuvier, and the elder Geoffroy (St. Hilaire), on terms of daily intercourse, such as is rarely permitted in that country to foreigners. He subsequently long resided in Paris, the great centre of scientific pursuits, and pursued there his anatomical researches. In 1825 he commenced, in Edinburgh, the delivery of the first of several courses of lectures on comparative anatomy, to numerous and distinguished classes, among whom were many men who have since become eminent for their learning and acquirements. As a teacher of descriptive human anatomy, his method has been admitted, on every hand, to have effected an entire revolution in anatomical instruction in Great Britain, and he thus contributed materially to elevate the character of his medical brethren in this country as men of science. His reputation as an instructor rose rapidly from these circumstances, and his anatomical classes consequently became the largest that have ever been assembled in Britain. His efforts to increase the means of effectually teaching human and comparative anatomy, and to place himself in possession of the amplest materials for investigating scientific questions—altogether independent of, and unconnected with, elementary teaching—have been considerable, and highly valuable. We might quote them as additional evidence, were that wanting, of the fitness of so zealous an investigator, both to edit the work of a contemporary master in anatomy and zoology, and to share in the advancement of their mutual science. To promote

the disinterested object which we have mentioned, he directed and superintended the labours of Mr. F. J. KNOX in the preparation of an extensive private museum (the only museum of comparative osteology in the city), and another collection, which he deposited in the museum of the Edinburgh College of Surgeons. Of this latter museum Dr. KNOX has, of course, the free use as a Fellow of the College, and, being entitled to the same advantages as regards all the museums of the Edinburgh College (which, indeed, were chiefly made by himself and Mr. F. J. KNOX, his brother, when Dr. KNOX was curator of the College preparations), he has, at his command, the most abundant sources for original comment on, and illustration of, the subjects under elucidation. His adequacy to examine and discuss scientific questions is well known to the medical world. His name is attached to a very large number of original monographs or memoirs, too numerous, indeed, for us even to enumerate. Dr. KNOX possesses also a high reputation for his discoveries. Among the more striking of these is that relating to the diurnal revolution and excitability of the human pulse, in refutation of the opinions of CULLEN and of all physiogists since his time. The correctness of these views have lately been confirmed by Dr. GUY. The Wernerian Transactions for 1822-23 contain numerous valuable papers by Dr. KNOX, in one of which is described his discovery of the femoral gland of the ornithorynchus. He has also contributed largely to the Transactions of the Royal Society of Edinburgh. His discovery of the food of the Verdace, the Herring, and the Salmon, is described in those volumes.

In short, Dr. KNOX has not ceased cultivating science as a comparative anatomist and a zoologist, for more than a quarter of a century, *practically*, and he is now about to add to the researches of DE BLAINVILLE the entire result of his own,—incurring no debts as a plagiarist, presenting to the public no ready-made scissars' work, indulging in no copying from the everlasting CUVIER.

In conclusion, with reference to this great work, we have only to state that it will be abundantly illustrated with engravings on wood, made from the skeletons and preparations with which M. DE BLAINVILLE demonstrated the facts announced in his lectures. These figures have been prepared for the press by M. WERNER, painter to the Museum of Natural History in Paris, an artist of whose ability and qualifications M. DE BLAINVILLE speaks in the highest terms. The engravings to illustrate the observations of Dr. KNOX will be made from the osteological preparations with which his own museum and that of the Edinburgh College are crowded, and which, in fact, were brought together for the express purpose of enabling Dr. KNOX to compose a work of the same nature as that of M. DE BLAINVILLE, but to the further elucidation of whose labours, they, as well as the innumerable notes, observations, and catalogues, relating to osteological inquiries made by Dr. KNOX, are now about to be devoted. On this object an expert artist, who is at the same time an accomplished anatomist and dissector, is occupied at Edinburgh.

In the volumes of THE LANCET for 1839-40, there will also be published a

COURSE OF LECTURES ON THE ANIMAL FLUIDS,

Principally illustrating the

PHYSIOLOGY AND PATHOLOGY OF THE BLOOD,

Delivered during the present medical session, at the SCHOOL OF ANATOMY adjoining ST. GEORGE'S HOSPITAL,

By HENRY ANCELL, Esq., M.R.C.S.L.,

Surgeon to the Western General Dispensary.

This course will comprise all those facts relating to the animal fluids which have been discovered since the time of CULLEN by British and continental physiologists, and will explain the influence which their discoveries should have on the Theory and Practice of Medicine. These lectures, from the great attention which Mr. ANCELL has for many years paid to Humoral Pathology, and his complete acquaintance with the labours of modern writers on this subject, will form a very desirable work of reference and information. The first lecture of the course will be delivered on Wednesday, the 2nd of October next. The series will amount to eighteen lectures, and will include every new fact that may be announced by the numerous investigators who are daily prosecuting their inquiries into this subject, during the period of their publication.

The present Volumes of THE LANCET will also contain

A COURSE OF LECTURES ON THE DISEASES OF THE EYE, AND THEIR REMEDIAL TREATMENT,

Delivered in the

MANCHESTER ROYAL SCHOOL OF ANATOMY AND MEDICINE,

In the Session of 1839-40,

By JOHN WALKER, Esq., Lecturer at the School, and Surgeon to the Ophthalmic Hospital, Manchester.

This course will consist of about twenty lectures, and in it will be described and discussed every fact and view which a comprehensive course on ophthalmic medicine should contain. It will commence with an account of the various affections of the *conjunctiva*,—the catarrhal, purulent, strumous ophthalmiæ,—their history, nature, symptoms, and treatment. Every form of disease which each of the different textures presents, will first be described before passing to the consideration of the next. The lecturer will then discuss in a similar manner the various diseases and injuries of the *cornea*, and afterwards consider the affections of the *sclerotica*, sclerotitis, rheumatic ophthalmia, &c.; then those of the *iris*, and the operations for artificial pupil; the affections of the *retina; amaurosis*, &c., and the morbid states of *the humours*; and *cataract*, in all its varieties, with the different operations. To be followed by an account of the affections of the *defensive* and *lachrymal apparatus*. All that is known on ophthalmic medicine in the present day will find a place in these lectures. Mr. WALKER is a surgeon of great experience in this branch of medicine, and his treatment of ophthalmic disease is in some important particulars distinguished by its originality and success.

ACCOUNT OF THE

HOSPITALS AND SCHOOLS OF MEDICINE IN LONDON;

FOR THE SESSION OF 1839-40, COMMENCING OCTOBER 1, 1839.

The time approaches fast when the somewhat irksome though serviceable task which October brings in this department of The Lancet, will either wholly cease as a periodical event, or be replaced by a labour that is welcome, and more appropriate to the necessities of British Medical Students. It is truly irksome to prepare for the pages of a journal which is continually condemning a vicious system, a catalogue of the laws by which that system is enforced, the places in which it is worked, and the agents of its execution. Education *should* be free and unfettered. It *is* cabined, cribbed, confined. But though we demand its emancipation, yet, until its freedom is achieved, we must bend to the duties of the time, and render to the subjects of a despotic and oppressive rule, expositions of its enactments, and of the mode of compliance therewith, in order that the penalties of infringement or neglect may be avoided. So long as the College of Surgeons and the Company of Apothecaries regulate, or seem to regulate, by law, or by custom (which is second law), medical education in this country, the task is imposed on us which we fulfil at each return of autumn. The list that is subjoined is serviceable to the student. On ourselves, therefore, its preparation becomes imperative. But incomparably more gratifying would be the duty of opening to his view, the pure, broad, sparkling streams which must flow from the natural founts of knowledge, than that of mapping down the artificial conduits and turbid tanks of the usurping dispensers of the waters of science. At present medical education is bound as to periods, places, and persons. Pinned to the earth, like the prostrate Gulliver, by the hair, the arms, the feet, it has neither life, nor motion, nor power to look around. Escaped from the enemies who made it captive in the days when education was asleep,—free—on its legs —it will—an intellectual giant, loosened from the pigmy foes,—assume a noble part. The subject of medical education, the changes which it will undergo, the increased facilities which will exist for its acquirement, the new talent and powers of tuition which will arise amongst its professors, the fresh stimulus which will be given to the learner, all the advantages of an honourable rivalry which must exist, not less in the halls of science than in the marts of commerce, when removed from the hands of the monopolists, form interesting topics for the essayist, but on these we cannot enter while another duty is before us.

In giving an account of the hospitals and medical schools and the collegiate and other regulations, which are open and in force for the newly commencing session, we shall follow the plan of former years. The position of the hospital and the theatre of anatomy which the student may attend, must determine all his other arrangements in London, with few exceptions. His comfort, and the economy of his time, are materially involved in his keeping to their neighbourhood.

UNIVERSITY OF LONDON.

ABSTRACT OF REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—

To have been engaged during four years in their professional studies at one or more of the Institutions or Schools recognised by the University.

To have spent one year at least, of the four, in one or more of the recognised Institutions or Schools in the United Kingdom.

To pass two examinations.

For the FIRST EXAMINATION, which takes place once a year, and commences on the first Monday in July, the Candidate is required to produce certificates—

Of having completed his nineteenth year.

Of having taken a Degree in Arts in the University, or in a University the Degrees granted by which are recognised by the Senate of the University; or of having passed the Matriculation Examination.

Of having been a Student during two years at one or more of the Medical Institutions or Schools recognised by the University, subsequently to having taken a Degree in Arts, or passed the examination.

Of having attended a course of lectures on each of four of the subjects in the following list:—

Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy; Chemistry; Botany; Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery and Diseases peculiar to Women and Infants; Surgery; Medicine.

Of having dissected during nine months.

Of having attended a course of Practical Chemistry.

Of having attended to Practical Pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines.

The fee for the Examination is five pounds.

Candidates to be examined in the following subjects:—

Anatomy; Physiology; Chemistry; Structural and Physiological Botany; Materia Medica and Pharmacy.

Anatomy and Physiology, by *viva voce*, and Demonstration from Preparations.

Chemistry, Materia Medica, and Pharmacy, by *viva voce*, and Demonstrations from Specimens.

The SECOND EXAMINATION takes place once a year, and commences on the third Monday in July.

No Candidate is admitted to this Examination within two academical years of the time of his passing the first Examination, nor unless he produces certificates—

Of having passed the first Examination.

Of having, subsequently to having passed the first Examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the Candidate had not presented certificates at the first Examination.

Of having, subsequently to having passed the first Examination, dissected during six months.

Of having conducted at least six labours.

Of having attended the medical practice of a recognised hospital, or hospitals, during twelve months, and lectures on Clinical Surgery.

Of having attended the surgical practice of a recognised hospital or hospitals during other twelve months, and lectures on Clinical Medicine.

Of having, subsequently to the completion of his attendance on Surgical and Medical Hospital Practice, attended to Practical Medicine in a recognised hospital, infirmary, or dispensary, during six months.

The fee for this Examination, five pounds.

Candidates to be examined in the following subjects:—

Physiology; General Pathology; General Therapeutics; Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine.

ABSTRACT OF

REGULATIONS OF APOTHECARIES' HALL.

(The Hall is situated in Union-street, Blackfriars.)

The Examiners at this Institution require candidates for examination for the licence of the Company, to bring to the Board (besides indentures of apprenticeship) certificates of having paid money for attendance on lectures, dissections, and medical practice, as follows:—

Students whose attendance on lectures shall commence, or has commenced, on or after the 1st October, 1835, will be required to produce certificates of having attended, during three Winter and two Summer Sessions, lectures in the following order, and medical practice from the commencement of the second, to the termination of the third Winter Session.

(The Winter Medical Session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the Summer Session as commencing on the 1st of May, and ending on the 31st July.)

First Winter Session.

Chemistry.
Anatomy and Physiology.
Anatomical demonstrations in the dissecting-rooms.
Materia Medica and Therapeutics.

Second Winter Session.

Anatomy and Physiology.
Anatomical demonstrations.
Dissections.
Principles and practice of medicine.
Medical practice of an hospital.

First Summer Session.

Botany; and such other branches of study as may improve the student's general education.

Second Summer Session.

Botany, if not attended during the first Summer Session.
Forensic medicine.
Medical practice of an hospital.

Third Winter Session.

Dissections.
Principles and Practice of medicine.
Midwifery, with attendance on cases.
Medical practice of an hospital or dispensary.

The student is required to attend the medical practice of a recognised hospital, from the commencement of the Second Winter to the termination of the Second Summer Session, and from that time to the end of the Third Winter Session, at an hospital or recognised dispensary. Midwifery, two courses of sixty lectures each, in separate Sessions, and after the first Summer Session.

ABSTRACT OF THE REGULATIONS OF THE

ROYAL COLLEGE OF SURGEONS IN LONDON.

(The College is situated in Lincoln's-Inn-Fields.)

After the termination of the Session 1839-1840,
Candidates will be required to bring proof

1. Of being not less than twenty-one years of age.
2. Of having been engaged in the acquirement of professional knowledge for not less than five years, three of which shall have been passed in a recognised school or schools of Surgery.
3. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during two Anatomical Seasons.*

   * An Anatomical Season is understood to extend from October to April inclusive, and to comprise at least 140 Lectures on Anatomy and Physiology, occupying not less than one hour each, given on separate days; and at least 100 Demonstrations of the like duration, given in a similar manner; exclusive of Dissections, of which distinct Certificates are required.

4. Of having attended at least two courses of Lectures on Surgery, delivered in two distinct periods or winter seasons of six months, each course to comprise not less than 60 Lectures.
5. Of having attended Lectures on the Practice of Physic, and on Chemistry during six winter months, comprising not less than 70 Lectures respectively; one course on Materia Medica, with Medical Botany, during six months, and one on Midwifery during six months, each comprising not less than 60 Lectures; and, at least, 25 Lectures on Medical Jurisprudence.

Certificates of attendance on these Lectcures during the summer season will be received, provided they are equally divided over a period of four months.

6. Of having attended, during twenty-one months, the surgical practice of a recognised Hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for twelve months in any one of such Hospitals, and twelve months in any recognised provincial Hospital.
7. Of having attended the Medical Practice of an Hospital or Dispensary during six months.

N.B. Certificates will not be received, in future, on more than one branch of science from one and the same Lecturer:—but Anatomy and Physiology,—Demonstrations and Dissections,—Materia Medica and Botany,—will be respectively considered as one branch of science.

ORDER OF ATTENDANCE ON LECTURES, &c.

FOR THE OBSERVANCE OF THOSE WHO

INTEND TO PASS BOTH THE HALL AND THE COLLEGE.

The following scheme indicates the "order of study," to be observed in complying at one and the same time with the regulations of both the Apothecaries' Society and the College of Surgeons.

First Winter Session.

Chemistry.
Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Materia medica and therapeutics.*
Principles and practice of surgery.

First Summer Session.

Botany.
Surgical practice of an hospital.

Second Winter Session.

Anatomy.
Physiology.
Anatomical demonstrations in the dissecting-rooms.
Dissections.
Midwifery and diseases of women and children.*
Principles and practice of medicine.
Principles and practice of surgery.
Medical and surgical practice of an hospital

Second Summer Session.

Botany, if not attended during the first Summer Session.
Forensic medicine.
Practical midwifery.
Medical and surgical practice of an hospital.

Third Winter Session.

Dissections.
Midwifery and diseases of women and children.
Principles and practice of medicine.
Medical practice of an hospital or dispensary.

* In our list of schools the words "materia medica" are designed to indicate also *therapeutics;* and the word "midwifery" is intended to include *diseases of women and children.*

BY-LAWS AND REGULATIONS REGARDING MEDICAL EDUCATION

AT THE

APOTHECARIES' HALL, DUBLIN.

Every candidate must undergo two separate examinations, one for "the certificate of apprentice," the other for "the licence to practise." No candidate seeking to be examined for the certificate to be apprenticed to an apothecary will be admitted to such examination until he has attended the age of 15 years.

The examination will consist in translating and parsing the following books, viz.:—Cæsar's Commentaries, the works of Sallust, the First Six Books of the Eneid of Virgil, the Satires and Epistles of Horace, the Greek Testament, the Dialogues of Lucian, and the First Four Books of Homer's Iliad.

Every candidate for "the licence to practise" as an apothecary must lay before the Court the following documents:—

1. "The certificate of apprentice" obtained from the Court.
2. His indenture of apprenticeship, enrolled according to Act of Parliament, with a certificate signed by the Licentiate to whom he has been indented, that he has fulfilled the period of apprenticeship required by the Act.
3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of the Apothecaries' Hall, or at some other school of medicine recognised by the Court.

The order of study here laid down is recommended for the guidance of students.

Chemistry, Anatomy and physiology, } During six months.
Practical chemistry, Botany, } Three months
Materia medica, Demonstrations and dissections, Theory and practice of medicine, Surgery, Midwifery and the diseases of women and children, } Six months.
Forensic medicine, three months.

Also a certificate of six months' attendance on the entire practice of a medico-chirurgical hospital recognised by the Court, containing at least 50 beds, and where clinical instruction is regularly given.

The examination for the licence to practise as an apothecary will be as follows:—

In translating and explaining the processes in the Pharmacopœia and extemporaneous prescriptions.

In chemistry and general physics.

In materia medica and therapeutics.

In natural history and medical botany.

In anatomy and physiology.

In medicine, midwifery, and toxicology.

According to the Act a rejected candidate cannot be re-admitted for examination until the expiration of six months.

LONDON HOSPITAL,

Whitechapel-road.

Surgeons.—Mr. Andrews, Mr. John Scott, Mr. Luke.
Physicians.—Dr. Frampton, Dr. Billing, Dr. Gordon.
Assistant-Surgeons.—Mr. Hamilton, Mr. Adams, Mr. Curling.
Assistant-Physicians.—Dr. Cobb, Dr. A. Frampton, Dr. Little.

TERMS OF HOSPITAL PRACTICE.

Medical Practice.	*Surgical Practice.*
Twelve months.....10 guineas	Twelve months.....20 guineas
Perpetual .....20 guineas	Ditto, as dressing-pupil ..30 guineas
Apothecaries' fee ..... 1 guinea.	Six months ditto .....20 guineas.

Clinical Lectures; by Drs. Gordon and Frampton, Messrs. Scott and Luke.—Lectures on Morbid Anatomy; by Mr. Curling.

Times of Attendance of the Medical Officers.

Mr. Andrews, Mondays and Thursdays.
Mr. Scott, Tuesdays and Fridays.
Mr. Luke, Wednesdays and Saturdays.
Dr. Frampton, Mondays and Thursdays.
Dr. Billing, Wednesdays and Fridays.
Dr. Gordon, Wednesdays and Saturdays.
All at 12 o'clock.

In-patients are admitted on Tuesdays, at 11 o'clock; the out-patients are seen daily. The Assistant-Surgeons attend—Mr. Hamilton, on Tuesdays and Fridays; Mr. Adams, on Mondays and Thursdays; Mr. Curling, on Wednesdays and Saturdays.

LONDON HOSPITAL SCHOOL.

Anatomy, Physiology, and Operations of Surgery; by Messrs. Luke, Hamilton, and Adams, daily, at half-past 2, except Saturdays.

One session.....	£6	6	0
Unlimited	10	10	0

Anatomical Demonstrations and Dissections; by Mr. Adams, daily, at a quarter past 11.

Each course	£3	3	0
Unlimited.....	10	10	0

Surgery; by Mr. Scott, on Mondays, Wednesdays, and Fridays, at half-past 3.

One course.....	£3	3	0
Two courses, or unlimited	5	5	0

Medicine; by Drs. **Cobb and Little**, on Mondays, Tuesdays, Thursdays, and Fridays, at half-past 8, A.M.

One course.....	£4	4	0
Two courses.....	6	6	0
Unlimited.....	7	7	0

Materia Medica; by Mr. Pereira, on Tuesdays, Thursdays, and Saturdays, at half-past 3.

One course.....	£3	3	0
Two courses	4	4	0
Unlimited.....	5	5	0

Midwifery; by Dr. F. H. Ramsbotham, on Tuesdays, Thursdays, and Saturdays, at 10, A.M.

One course	£3 3 0
Two courses	5 5 0
Unlimited	7 7 0

Chemistry; by Mr. Pereira, on Mondays, Wednesdays, and Fridays, at 10, A M.

One course	£4 4 0
Unlimited	7 7 0

Botany; by Mr. Quekett, daily, at half-past three, in the Summer.

One course	£3 3 0
Unlimited	4 4 0

Forensic Medicine; by Drs. Ramsbotham, and Frampton, in the Summer, daily, at half-past 2.

One course	£3 3 0
Unlimited	4 4 0

Pathological Anatomy; in the Summer, by Mr. Curling.

One course	£2 2 0
Two courses	3 3 0

Comparative Anatomy and Physiology; in the Summer, daily, by Dr. Little.

One course	£3 3 0

General fee for attendance on all the above Lectures, qualifying for Examination at the College and Hall, £50.

GUY'S HOSPITAL, SOUTHWARK.

SURGEONS.—Mr. Key, Mr. Morgan, Mr. B. Cooper.
PHYSICIANS.—Dr. Bright, Dr. Addison, Dr. Babington.

Surgical Practice.

Six months	£20	0 0	Twenty-one months	£26	6 0
A second Entry, within two months	6	11 0	Surgeon's dresser, six months	32	2 0
			Ditto, one year	51	2 0

Medical Practice.

Perpetual	£24	4 0	Twenty-one months	£15	15 0

Times of Attendance of the Medical Officers.

Mr. Key, Mondays and Thursdays.
Mr. Morgan, Wednesdays and Saturdays.
Mr. B. Cooper, Tuesdays and Fridays.
Mr. Callaway, daily.
Dr. Bright, Mondays and Fridays.
Dr. Addison, Tuesdays and Saturdays.
Dr. Babington, Mondays and Thursdays.
The Physicians all at half-past twelve.

Patients taken in at 10, on Wednesdays; surgeons' out-patients on Thursdays, at 11; physicians' out-patients on Friday, at 11.

The Eye Infirmary is attended by Mr. Morgan, on Mondays and Fridays, at 18. Surgical clinical lectures and instructions, it is said, will be given.

The clinical wards will open the first week in November, when clinical lectures will be given by the physicians. A Lying-in Charity is attached to the hospital. Morbid anatomy demonstrations at one o'clock.

GUY'S SCHOOL.

Anatomy and Physiology; by Messrs. B. Cooper and Cock, daily, at 2.

One course of six months	£5 5 0
Perpetual	10 10 0

Demonstrations and Dissections; by Messrs. Cock and Hilton, daily, at 11.

One course	£4 4 0
Perpetual	10 10 0

Surgery; by Messrs. Key and Morgan, on Mondays, Wednesdays, & Fridays, at 8, P.M.

Single course, October to April	£3 3 0
Perpetual	5 5 0

Medicine; by Drs. Bright and Addison, on Mondays, Wednesdays, and Fridays, at half-past 3.

One course	£4 4 0
Two courses	6 6 0
Perpetual	8 8 0

Materia Medica; by Dr. Addison, on Tuesdays, Thursdays, and Saturdays, at half-past 3.

One course	£3 3 0
Perpetual	4 4 0

Midwifery; by Dr. Ashwell, daily, at half-past 8, A.M.

One course	£3 3 0
Two courses	5 5 0
Perpetual	6 6 0

Chemistry; by Messrs. Aikin and Taylor, on Tuesdays, Thursdays, and Saturdays, at a quarter to 10, A.M.

One course	£4 4 0
Two courses	6 6 0
Perpetual	8 8 0
A course of practical chemistry	2 2 0

Botany; by Messrs. Johnson and Bird, on Tuesdays, Thursdays, and Fridays, at 12.

Perpetual	£3 3 0

Medical Jurisprudence; Mr. Taylor, on Mondays and Fridays, at 10.

One course	£3 3 0
Perpetual	4 4 0
Practical Toxicology	1 1 0

Lectures on the Teeth; by Mr. Bell.

Perpetual	£2 2 0

(Gratuitous to the Anatomy Pupils.)

Comparative Anatomy; by Mr. T. W. King, on Mondays and Wednesdays, at a quarter to 7.

Perpetual	£2 2 0

Eye Infirmary; Mr. Morgan, Mondays and Fridays, at 12.

ST. THOMAS'S HOSPITAL, SOUTHWARK.

SURGEONS.—Mr. Travers, Mr. Green, Mr. Tyrrell.
PHYSICIANS.—Dr. Williams, Dr. Roots, Dr. Burton.

Surgical Practice.				*Medical Practice.*			
Surgeons' Pupil, nine months	£20	0	0	One year and a half	£15	15	0
— a second entry, if within 2 months	6	12	0	Two years	24	3	0
— One year and nine months	26	6	0	Dresser, six months	32	12	0
				— One year	51	2	0

Times of Attendance of the Medical Officers.

Mr. Travers, Tuesdays, and Fridays, at 9.
Mr. Green, Wednesdays & Saturdays, at 11.
Mr. Tyrrell, Mondays and Thursdays, at 9.
Mr. South sees the out-patients on Mondays and Wednesdays, at 9.
Dr. Williams, Mondays and Thursdays.
Dr. Roots, Wednesdays and Saturdays.
Dr. Burton, Tuesdays and Fridays.
All at one o'clock.
Dr. Lister sees out-patients Tues. & Thurs.

Operations performed on Fridays.
Clinical lectures to the dressers' and surgeons' pupils, by Mr. Travers, Mr. Green, Mr. Tyrrell, and Mr. South.
Clinical lectures to the physicians' pupils, by Dr. Williams, Dr. Roots, and Dr. Burton.
The admission day for patients is Tuesday, at ten o'clock precisely. Accidents and cases of emergency received at all hours.
Post-mortem examinations at one, by Dr. Barker.

ST. THOMAS'S SCHOOL.

Anatomy and Physiology; by Mr. Mackmurdo, Mr. Travers, and Mr. Clark, daily, at half-past 2.
One session £5 5 0
Unlimited 10 10 0

Dissections and Demonstrations; by Mr. Clark, daily, at 10.
Unlimited £5 5 0

Surgery; by Messrs. Travers and Tyrrell, on Mondays, Wednesdays, and Fridays, at 8, P.M.
Single course £3 3 0
Unlimited 5 5 0

Medicine; by Dr. Williams, on Mondays, Tuesdays, Thursdays, and Fridays, at 12.
Unlimited 6 6 0

Materia Medica; by Dr. Burton, on Mondays, Wednesdays, Thursdays, and Fridays, at 4.
Unlimited attendance ... £4 4 0

Midwifery; by Dr. Cape, on Mondays, at 11; Wednesdays and Saturdays, at 12.
First course £3 3 0
Second course 2 2 0
Unlimited 6 6 0

Chemistry; by Mr. Leeson, on Tuesdays, Thursdays, and Saturdays, at 11.
One session £6 6 0
Unlimited 8 8 0

Botany; by Mr. Cohen, in the Summer.
Single course £3 3 0
Unlimited 4 4 0

Medical Jurisprudence; by Drs. Lister and Barker, in the Summer.
Single course £3 3 0
Unlimited 4 4 0

Lectures on Morbid Anatomy; by Dr. Barker, on Tuesdays and Saturdays, at 4.

GRAINGER'S SCHOOL,

Webb-street, Maze Pond, Southwark.

Anatomy and Physiology; by Messrs. Grainger and Pilcher, daily, at half-past 2.
One session £5 5 0
Perpetual 10 10 0

Demonstrations and Practical Anatomy; by Messrs. Barron and Appleton, daily, except Saturdays, at a quarter past 11.
One session £3 3 0
Perpetual 5 5 0

Surgery; by Mr. Pilcher, on Mondays, Wednesdays, and Fridays, at a quarter to 4.
One session £3 3 0
Perpetual 5 5 0

Medicine; by Dr. J. R. Bennett, on Tuesdays, Thursdays, and Saturdays, at a quarter to 7 in the evening. The Introductory Lecture will be delivered on Tuesday, October 1.
One session £4 4 0
Perpetual 6 6 0

Materia Medica; by Dr. Dickson, on Tuesdays, Thursdays, and Saturdays, at a quarter to 4.
Perpetual £4 4 0
Perpetual entry to Materia Medica and Botany, if made at one payment ... 6 6 0

Midwifery; by Drs. Ramsbotham and Reid, on Mondays, Wednesdays, and Fridays, at a quarter to 7, P.M.
One course, embracing the entire session £3 3 0
Two sessions entered together 5 5 0
Perpetual 6 6 0

Chemistry; by Mr. Cooper, on Tuesdays, Thursdays, and Saturdays, at a quarter to 10, A.M.

One session	£5	5	0
Perpetual	6	6	0

Botany; by Dr. Dickson, on Mondays, Wednesdays, and Fridays, at a quarter to 10., A.M.

One course	£3	3	0
Perpetual	4	4	0
Perpetual entry to the Botany and Materia Medica, if made at one payment	7	7	0

Medical Jurisprudence; by Dr. S. Smith and Mr. Cooper, in the Summer.

ST. BARTHOLOMEW'S HOSPITAL, SMITHFIELD.

SURGEONS.—Mr. Vincent, Mr. Lawrence, Mr. Stanley.
PHYSICIANS.—Dr. Hue, Dr. Latham, Dr. Roupell.
ASSISTANT-SURGEONS.—Messrs. Lloyd, Skey, and Wormald.
ASSISTANT-PHYSICIANS.—Drs. Burrows, Farre, and Jeaffreson.

Surgical Practice.

Six months	£18	18	0
Twelvemonths	26	5	0
Dresser, 6 months	37	16	0
Ditto, 12 months	52	10	0

Medical Practice.

Nine months	£12	12	0
Eighteen months	15	15	0
Unlimited	31	10	0

Times of Attendance of the Medical Officers.

Mr. Vincent, Tuesdays, Thursdays, and Saturdays.
Mr. Lawrence, Mondays, Wednesdays, and Fridays.
Mr. Stanley, Tuesdays and Fridays.
All at half-past 12.

Dr. Hue, Mondays, Thursdays, and Saturdays, at half-past 11.
Dr. Latham, Mondays, Tuesdays, and Fridays, at half-past 8.
Dr. Roupell, Mondays, Wednesdays, and Fridays, at half-past 12.

One of the assistant physicians attends daily (Sundays excepted) between the hours of eleven and two, at the physicians' out-patients' room, to prescribe for the medical out-patients, and casualty cases.

Inspections of morbid anatomy in the pathological theatre, at 11 o'clock, by Mr. Wormald, and Mr. Paget.

Clinical lectures weekly in the theatre, during the Summer, by Drs. Latham and Roupell, Mr. Lawrence, and Mr. Stanley.

ST. BARTHOLOMEW'S SCHOOL.

Anatomy and Physiology; by Mr. Stanley, daily, at half-past 2.

One course	£5	5	0
Two courses, or one session	9	9	0
Unlimited	10	10	0

Demonstrations and Dissections; by Messrs. Wormald and M'Whinnie, daily, at 9, A.M.

One course	£3	3	0
Two courses, or one session	6	6	0
Unlimited	10	10	0

Surgery; by Mr. William Lawrence, on Mondays, Wednesdays, and Fridays, at 7.

One course, or session	£5	5	0
Unlimited	7	7	0

Medicine; by Drs. Latham and Burrows, on Mondays, Tuesdays, Thursdays, and Fridays, at a quarter to 4.

One course, or session	£5	5	0
Unlimited	7	7	0

Materia Medica; by Dr. Roupell, on Tuesdays, Thursdays, and Saturdays, at 10, A.M.

One course, or session	£5	5	0
Unlimited	7	7	0

Midwifery; by Dr. Rigby, on Mondays, Wednesdays, and Fridays, at 6, P.M.

First course	£3	3	0
Unlimited	5	5	0

Chemistry; by Messrs. Brande and Griffiths, on Mondays, Wednesdays, and Fridays, at 10, A.M.

One course	£4	4	0
Two courses, or one session	6	6	0
Unlimited	8	8	0

Botany; by Dr. J. Farre, in the Summer.

One course	£3	3	0
Second course	2	2	0
Unlimited	4	4	0

Medical Jurisprudence; by Drs. Roupell and Burrows, in the Summer.

One course	£3	3	0
Unlimited	4	4	0

Comparative Anatomy; by Dr. A. Farre, £1 1 0 the course.

Natural Philosophy; by Mr. Griffiths, £1 1 0 the course.

ALDERSGATE-STREET SCHOOL,
Aldersgate-street.

Anatomy and Physiology; by Mr. Skey, daily, at half-past 2.

Single course	£3	3	0
Two courses	5	5	0
Unlimited	8	8	0

Demonstrations, with Dissections; by Messrs. Skey and White, daily, at 9, A.M.

Single course	£3	3	0
Two courses	5	5	0
Unlimited	6	6	0

Unlimited attendance on the Anatomical Lectures, Demonstrations, and Dissections, £14 14s.

Surgery; by Mr. Skey, on Mondays, Wednesdays, and Fridays, at 7, P.M.

Single course	£3	3	0
Unlimited	5	5	0

Unlimited to Anatomy, Demonstrations, and Surgery, £17 17s.

Medicine; by Dr. S. Smith and Dr. Willis, on Mondays, Wednesdays, and Fridays, at a quarter past 8, P.M.

Single course	£4	4	0
Two courses (one session)	5	5	0
Unlimited	6	6	0

Materia Medica; by Mr. Pereira, on Mondays, Wednesdays, and Fridays, at half-past 3, P.M.

Single course	£3	3	0
Unlimited	4	4	0

Midwifery; by Mr. Walford, on Mondays, Wednesdays, and Fridays, at a quarter to 6, P.M.

Single course	£3	3	0
Two courses	4	4	0
Unlimited	5	5	0

Chemistry; by Mr. Pereira, on Tuesdays, Thursdays, and Saturdays, at 10, A.M.

Single course	£3	3	0
Two courses (one session)	5	5	0
Unlimited	6	6	0

Chemistry and Materia Medica, conjointly.

One course of each	£5	5	0
Two courses of each	8	8	0
Unlimited to both	9	9	0

Botany; by Mr. Quekett, in the Summer.

Single course	£3	3	0
Unlimited	4	4	0

Medical Jurisprudence; by Dr. S. Smith in the Summer.

Single course	£3	3	0
Unlimited	5	5	0

*** No prospectus being yet issued (Sept. 27th), we reprint that of last year.

NORTH LONDON SCHOOL,
20, *Charlotte-street, Bloomsbury-square.*

Anatomy and Physiology; by Dr. V. Flood and Mr. Lucas, daily, except Saturday, from 3 to 4.

Entire session	£5	5	0
Half session	3	3	0
Perpetual	7	7	0
Perpetual to practical and descriptive anatomy, if entered to at once	12	12	0

Demonstrations and Practical Anatomy; by Dr. Flood and Mr. Lucas, daily, except Saturdays, from 11 to 12.

Entire session	£5	5	0
Half session	3	3	0
Perpetual	7	7	0

Surgery; by Mr. P. Bennett Lucas, on Mondays, Wednesdays, and Fridays, at 7, P.M.

Session	£5	5	0
Half session	3	3	0
Perpetual	6	6	0

Medicine; by Dr. Ryan, on Mondays, lins, on Tuesdays, Wednesdays, and Fridays, from 4 to 5.

One session	£5	5	0
Half session	3	3	0
Perpetual	6	6	0

Materia Medica; by Dr. Wilks, on Tuesdays, Thursdays, and Saturdays, at 10 A.M.

Entire session	£4	4	0
Half session	2	2	0
Perpetual	5	5	0

Midwifery; by Dr. Ryan and Mr. Rawlins, Thursdays and Saturdays, from 4 to 5.

Entire session	£5	5	0
Half session	3	3	0
Perpetual	6	6	0
Perpetual to medicine and midwifery, if entered to at once	11	11	0

Chemistry; Mr. H. Lewis, on Mondays, Wednesdays, and Fridays, at 10, A.M.

Entire session	£5	5	0
Half session	3	3	0
Perpetual	6	6	0

Summer Session.

Botany; Dr. Wilks.

Entire session	£2	2	0
Perpetual	3	3	0

Medical Jurisprudence; Dr. Venables.

One course	£2	2	0
Perpetual	3	3	0

Practical Chemistry; Mr. Lewis.

One course	£2	10	

Perpetual fee for all the Lectures required by the Hall and College, £40.

UNIVERSITY COLLEGE HOSPITAL,

Gower-street, St. Pancras.

SURGEONS.—Messrs. Cooper, Liston, and Quain.
PHYSICIANS.—Drs. Williams, Thomson, and Carswell.
OBSTETRIC PHYSICIAN.—Dr. Davis.

Admission to Practice and Clinical Lectures.

Students who have entered at University College to three medical courses of six months' duration (two courses of three months' duration being considered equivalent to one of six months), also students who have attended one course in a recognised school, and one year in a recognised hospital, are to pay as follows :—

	£	s.	d.
Perpetual to the medical and surgical practice	26	5	0
One year physicians' and surgeons' practice	21	0	0
One year physicians' or surgeons' practice, separately	15	15	0
Six months physicians' and surgeons' practice	15	15	0
Six months physicians' or surgeons' practice, separately	10	10	0

Pupils who have not entered to lectures in the College as above specified :—

	£	s.	d.
Perpetual to the medical and surgical practice	36	15	0
One year physicians' and surgeon's practice	30	0	0
One year physicians' or surgeons' practice, separately	22	0	
Six months physicians' and surgeons' practice	22	0	0
Six months physicians' or surgeons' practice, separately	15	0	0

Every pupil pays, in addition to the fees, 10*s.* to the apothecary, and 5*s.* to the secretary.

Times of Attendance of the Medical Officers.

The physicians' and surgeons' visits are made daily at 1 and 2 o'clock.
Each of the three physicians visits his patients three times a week.
Medical clinical lectures are given three times a week, one by each physician.
A surgical clinical lecture is given once a week, by Messrs. Liston and Cooper, each once a fortnight.
House-surgeons, physicians' clerks, and surgeons' dressers, are selected from students of the College, without additional payments.
The physicians' and surgeons' visits are made daily, at 1 and 2, during the Winter Term. Clinical lectures several times a week.
Taking-in days, Tuesdays, at half-past 11. The physicians and surgeons see out-patients daily, in the morning.

UNIVERSITY COLLEGE MEDICAL SCHOOL.

Gower-street, St. Pancras.

Anatomy and Physiology; by Professor Sharpey, daily, at 12.

	£	s.	d.
Entire term	6	0	0
First half	3	0	0
Second half	3	0	0
Perpetual	9	0	0

Demonstrative Anatomy and Dissections; by Professors Quain and Sharpey, and Messrs. Ellis and Morton, daily, at 10, A.M.

	£	s.	d.
Entire term	6	0	0
First half	3	0	0
Second half	3	0	0
Perpetual	9	0	0

Surgery; by Professor S. Cooper, on Mondays, Tuesdays, Wednesdays, and Thursdays, at 7, P.M.

	£	s.	d.
The term	4	10	0
Perpetual	6	0	0

Medicine; by Professor Williams, daily, except Saturdays, at 6, P.M.

	£	s.	d.
Entire term	5	0	0
First half	3	0	0
Second half	3	0	0
Perpetual	8	0	0

Materia Medica; by Professor A. T. Thomson, daily, except Saturday, at 3.

	£	s.	d.
Entire term	6	0	0
First half	3	0	0
Second half	3	0	0
Perpetual	9	0	0

Midwifery; by Professor Davis, daily, at 9, A.M.

	£	s.	d.
Entire term	5	0	0
First half	3	0	0
Second half	3	0	0
Perpetual	7	0	0

Chemistry; by Professor Graham, daily, at 11.

	£	s.	d.
Entire term	6	0	0
First half	3	0	0
Second half	3	0	0
Perpetual	9	0	0

Botany; by Professor Lindley, in the Summer.

	£	s.	d.
Summer course	3	0	0
Perpetual	6	0	0

Medical Jurisprudence; by Professor A. T. Thomson, in the Summer.

Comparative Anatomy; by Prof. Grant, daily, except Thursdays and Saturdays, at 3.

	£	s.	d.
The course	4	0	0

Zoology; by Professor Grant, in February, 3*l*.

(Attendance on these two courses by Professor Grant, is recognised by the Army Medical Board as equivalent to the course of Natural History required as a qualification for army surgeons.)

In addition to the foregoing payments for each class, students not nominated by proprietors must pay 5*s*. additional for every pound until this extra payment amounts to 4*l*. 10*s*.; and a college fee of 10*s*. for one class, and 1*l*. for two or more classes, is to be paid by each student every session; in a course of short duration this fee is diminished. Payment of the matriculation fee of 2*l*. will relieve the student during the whole course of his study, from the payment of the College fee.

SYDENHAM COLLEGE,

Grafton-street, Gower-street.

Anatomy and Physiology; by Mr. W. Wilson, daily, except Saturdays, at a quarter to 9, A.M.

Entire session	£3	0	0
Perpetual	7	0	0

Anatomy, with Demonstrations; by Messrs. Wilson, Chapman, and Salt, daily, except Saturday, at a quarter to 10, A.M.

Entire session	£3	0	0
Perpetual	7	0	0

Medicine; by Dr. Sigmond, on Mondays, Wednesdays, and Fridays, at 5.

Entire session	£5	0	0
Perpetual	6	0	0

Surgery; by Mr. Alcock, on Mondays, Wednesdays, and Fridays, at 7, P.M.

One session	£3	0	0
Perpetual	5	0	0

Materia Medica; by Mr. Barnes, on Mondays, Tuesdays, Wednesdays, and Fridays, at 3.

One course	£2	0	0
Two courses	4	0	0
Perpetual	5	0	0

Midwifery; by Dr. Heming, on Mondays, Wednesdays, and Fridays, at 6, P.M.

One session	£3	0	0
Perpetual	5	0	0

Chemistry; by Messrs. Turner and Balmain, every day, except Saturday, at 11.

Entire session	£5	0	0
Perpetual	7	0	0

Botany; by Mr. Hoblyn, in the Summer.

One course	£2	0	0
Perpetual	4	0	0

Medical Jurisprudence; by Mr. Barnes, in the Summer.

One course	£2	0	0
Perpetual	3	0	0

Pathological Anatomy; by Mr. Wilson, in the Summer, 2*l*.

General fee for the whole of the lectures required by the College and Hall, 42*l*.

KING'S COLLEGE MEDICAL SCHOOL, STRAND.

Anatomy, descriptive, surgical, and practical; by Professor Partridge, daily at 9, A.M.

First division	£4	4	0
Second division	4	4	0
Entire session	8	8	0
Unlimited	9	9	0

Physiology; by Professor Todd, on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, at 3.

First division	£4	4	0
Second division	4	4	0
Entire session	8	8	0
Unlimited	9	9	0

Surgery; by Professor Arnott, on Mondays, Wednesdays, Thursdays, and Fridays, at 8, P.M.

Entire session	£4	4	0
Unlimited	6	6	0

Medicine; by Professor Watson, on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, at 4.

First division	£3	3	0
Second division	2	2	0
Entire session	5	5	0
Unlimited	7	7	0

Materia Medica; by Professor Royle, on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, at 11, A.M.

First division	£3	3	0
Second division	2	2	0
Entire session	5	5	0
Unlimited	7	7	0

Midwifery; by Professor Ferguson, on Tuesdays, Thursdays, and Saturdays, at 10.

Entire session	£4	4	0
Unlimited	6	6	0

Chemistry; by Professor Daniell, on Mondays, Tuesdays, Thursdays, and Fridays, at 2.

First division	£4	4	0
Second division	3	3	0
Entire session	7	7	0
Unlimited	10	10	0

Botany; by Professor Don, in the Summer.

Entire session	£3	3	0
Unlimited	4	4	0

Medical Jurisprudence; by Professor Guy, in the Summer.

Entire session	£3	3	0
Unlimited	4	4	0

Comparative Anatomy; by Professor Jones.

The session	£3	3	0
Unlimited	4	4	0

Other lectures connected with medicine are given in the Summer.

The courses which students are required to attend, by the College and the Hall, may be attended at King's College for £57 15*s*.; or for students nominated by proprietors, £53 10*s*. The matriculation fee is £1 1*s*. additional.

MIDDLESEX HOSPITAL,

Charles-street, Tottenham Court-road.

SURGEONS.—Messrs. Mayo, Arnott, and Tuson.
PHYSICIANS.—Drs. Hawkins, Watson, and Wilson.
PHYSICIAN ACCOUCHEUR.—
ASSISTANT SURGEON.—Mr. Shaw.

Surgical Practice.				*Medical Practice.*			
Three months	£10	10	0	Three months	£ 6	6	0
Six months	15	15	0	Six months	10	10	0
Twelve months	21	0	0	Eighteen months	15	15	0
Dresser, 6 months	21	0	0	Perpetual	22	1	0
Ditto, 12 months	31	10	0				

Times of Visit of the Medical Officers.

Mr. Mayo, Wednesdays and Saturdays.
Mr. Arnott, Mondays and Thursdays.
Mr. Tuson, Tuesdays and Fridays.
Dr. Hawkins, Tues., Thurs., and Saturdays.
Drs. Watson and Wilson, Mondays, Wednesdays, and Fridays.

Each physician and surgeon at half-past 12.

In-patients admitted at 12 on Tuesdays. Out-patients seen at 12 on Thursdays, by the physicians. Operations on Fridays. Clinical lectures generally on Saturdays. From the dressers the house-surgeons are selected.

MIDDLESEX HOSPITAL SCHOOL.

Anatomy and Physiology; by Messrs. Tuson and Shaw, daily at 2.

One course	£4	4	0
One session	6	6	0
Perpetual	10	10	0

Demonstrations and Dissections; by Messrs. Tuson, Shaw, and Lonsdale, daily, at 11.

One course	£4	4	0
One session	6	6	0
Perpetual	10	10	0

Anatomy, Physiology, Demonstrations, and Dissections, together.

One course	£6	6	0
Perpetual	16	16	0

Surgery; by Mr. Mayo, on Mondays, Wednesdays, and Fridays, 4, P.M.

One session	£3	3	0
Perpetual	5	5	0

Medicine; by Dr. Copland, on Mondays, Tuesdays, Thursdays, and Fridays, at 3.

One course	£3	3	0
One session	5	5	0
Perpetual	6	6	0

Materia Medica; by Dr. Macreight, on Tuesdays, Wednesdays, Thursdays, and Fridays, at 9, A.M.

One course	£3	3	0
Perpetual	5	5	0

Midwifery; by Mr. North, on Tuesdays, Thursdays, and Saturdays, at 10.

One session	£3	3	0
Perpetual	5	5	0

Chemistry; by Mr. Everitt, on Mondays, Wednesdays, Fridays, and Saturdays, at 10.

One session	£5	5	0
Perpetual	6	6	0

Botany; by Mr. Meade, in the Summer.

Perpetual	£3	3	0

Medical Jurisprudence; by Dr. Leighton, in the Summer.

One session	£3	3	0
Perpetual	4	4	0

Perpetual to all the above, in one payment, £45.

Clinical lectures, by Messrs. Mayo, Arnott, and Tuson; and Drs. Hawkins, Watson, and Wilson.

LITTLE WINDMILL-STREET SCHOOL,

No. 27, Little Windmill-street, Haymarket,

(situated centrally between all the West-End Hospitals).

Anatomy and Physiology; by Mr. J. G. Smith, daily, at 3 o'clock.

Demonstrations and Practical Anatomy; by Messrs. Smith and two assistants, daily, at 10, A.M.

Each course of lectures	£3	3	0
Each course of demonstrations	3	3	0
Perpetual to both	10	10	0

Surgery; by Mr. J. F. Palmer, and Mr. Smith, on Mondays, Wednesdays, and Fridays, at 4, P.M.

Single course	£3	3	0
Perpetual	5	5	0

Medicine; by Dr. George Gregory, on Mondays, Wednesdays, and Fridays, at 9.

One part, or course	£3	3	0
Two courses (or perpetual)	5	5	0

Materia Medica; by Dr. Steggall, on Tuesdays, Thursdays, and Saturdays, at 4.

A single course	£3	3	0
For the session, or perpetual	5	5	0

Midwifery; by Dr. Andrews and Mr. Bloxam, on Tuesdays, Thursdays, and Saturdays, at 11, A.M.
Single course.....£3 3 0
Unlimited attendance.... 5 5 0
Chemistry; by Mr. Brande and Dr. Faraday (at the Royal Institution, Albemarle-street), on Tuesdays, Thursdays, and Saturdays, at 9, A.M.
One course.....£6 6 0
Perpetual..... 8 8 0
Botany; by in the Summer.
One course.....£2 2 0
Perpetual..... 3 3 0

Medical Jurisprudence; by in the Summer.
Perpetual.....£3 3 0
Pathology and Morbid Anatomy; by Mr. Wade, daily, at 7, P.M.....£2 2 0

Demonstrations of the Bandages and Apparatus of Surgery; by Mr. Chapman, daily, at 10.
One course.....£1 11 6

General fee (in one payment) to all the Lectures required by the College and Hall, including chemistry, 40 guineas.

WESTMINSTER HOSPITAL,

Broad Sanctuary, near Westminster Abbey.

SURGEONS.—Sir A. Carlisle, Mr. White, Mr. Guthrie, Mr. Lynn.
PHYSICIANS.—Dr. Bright, Dr. Roe, Dr. Burne.
ASSISTANT-SURGEON.—Mr. Hale Thomson.

Surgical Practice.				*Medical Practice.*			
Six months	£10	10	0	Six months	£10	10	0
Twelve months	21	0	0	Twelve months	12	12	0
Perpetual	31	10	0	Eighteen months	15	15	0
				Perpetual	21	0	0

Times of Attendance of the Medical Officers.

Dr. Bright on Tuesdays and Fridays.
Dr. Roe on Wednesdays and Saturdays.
Assist.-Phys. Dr. Basham, daily.
Sir A. Carlisle, Tuesdays and Saturdays.
Mr. White, Mondays and Saturdays.
Mr. Guthrie, Thursdays and Saturdays.
Dr. Burne on Mondays and Thursdays.
All at 12 o'clock.
Mr. Lynn, Tuesdays, Wednesdays, Fridays, and Saturdays.
Assist.-Surg., Mr. Hale Thompson, Tuesdays and Fridays.

In-patients admitted on Tuesdays, at 11 o'clock; out-patients seen daily, at 12 o'clock.
Clinical Lectures by Drs. Roe, Burne, Sir A. Carlisle, Mr. Guthrie, and Mr. H. Thomsen.

WESTMINSTER SCHOOL,

Dean-street, Westminster.

Anatomy and Physiology; by Mr. Hilles, daily, except Saturdays, at 3.
One session..... £5 5 0
Perpetual..... 7 7 0
Practical Anatomy and Demonstrations; by Messrs. Hilles, Burchell, and Gerrard, daily, except Saturdays, at 10, P.M.
One session..... £5 5 0
Perpetual..... 7 7 0
Surgery; by Mr. Phillips, on Mondays, Wednesdays, and Fridays, at 4.
One session.....£3 3 0
Perpetual..... 5 5 0
Medicine; by Dr. Burne, on Mondays, Wednesdays, and Fridays, at 5.
One session.....£5 5 0
Perpetual..... 6 6 0

Materia Medica; by Dr. Basham, on Mondays, Wednesdays, and Fridays, at 11, A.M.
One session.....£4 4 0
Perpetual.....5 5 0
Midwifery; by Mr. Griffith and Dr. Turner, on Tuesdays, Thursdays, and Saturdays, at 11.
One session.....£3 3 0
Perpetual..... 5 5 0
Chemistry; by Mr. H. Lewis, on Tuesdays, Thursdays, and Saturdays, at 9, A.M.
One session.....£5 5 0
Perpetual..... 6 6 0
Botany; by Dr. Wilks, in the Summer.
One session.....£2 2 0
Medical Jurisprudence; by Dr. Basham.
One session.....£2 2 0
General fee for all the lectures required by the College and Hall, £40.

ST. GEORGE'S HOSPITAL,

Hyde-Park Corner.

SURGEONS.—Mr. Keate, Sir B. Brodie, Mr. Hawkins, Mr. Babington.
PHYSICIANS.—Dr. Seymour, Dr. Wilson, Dr. Macleod, Dr. Hope.
ASSISTANT SURGEONS AND PHYSICIAN.—Mr. Walker, Mr. Cutler, Dr. Nairne.

Surgical Practice.		*Medical Practice.*	
Six months	15 guineas	Eighteen months	16 guineas
Twelve months	20 guineas		
Unlimited	50 guineas	Unlimited	24 guineas

Pupils who have paid to attend the medical practice during six months, are allowed at the end of that time to attend the practice of the surgeons for one year, by paying 16 guineas more.

Time of Attendance of the Medical Officers.

Mr. Keate and Sir B. Brodie, on Mondays, Wednesdays, and Fridays.

Mr. Hawkins and Mr. Babington, on Tuesdays, Thursdays, and Saturdays.

Mr. Walker and Mr. Cutler, daily.

At half-past 12 o'clock.

Drs. Wilson and Hope, Mondays, Wednesdays, and Fridays.

Drs. Seymour and Macleod, Tuesdays, Thursdays, and Saturdays.

At half-past 12.

Dr. Nairne, daily.

In-patients are admitted on Wednesdays, at half-past 12; out-patients are seen by the physicians on Mondays and Fridays, at half-past 12; and by the surgeons daily (excepting on Thursdays) at 12. Operations, on Thursdays, at one o'clock.

Entrance to the surgical practice for twelve months admits pupils in their turn to dress the patients for three months; and entrance for an unlimited period admits pupils to dress for six months.

Pupils entering for an unlimited period are eligible as assistant house-surgeons for six months, and as house-surgeons for twelve months, when properly qualified.

Pupils, when qualified, may become clinical clerks to the physicians or surgeons.

Clinical Lectures by all the surgeons and physicians, except Dr. Wilson.

ST. GEORGE'S HOSPITAL SCHOOL,

Theatre of St. George's Hospital, and Theatre of Anatomy, Kinnerton-street, Wilton-place, near St. George's Hospital.

Anatomy and Physiology; by Messrs. Tatum and H. J. Johnson, daily, at half-past 2.

One course (whole session)	£6 6 0
Perpetual	8 8 0

Demonstrations, with Dissections; by Messrs. H. J. and H. C. Johnson, daily, at half-past 10.

One course (whole session)	£6 6 0
Perpetual	8 8 0

(*The above are conducted in Kinnerton-street. The following lectures are delivered in the Theatre of St. George's Hospital.*)

Surgery; by Messrs. Hawkins and Babington, on Mondays, Wednesdays, and Fridays, at 8, P.M.

Each course (whole session)	£3 3 0
Perpetual	5 5 0

Medicine; by Drs. Macleod and Seymour, on Mondays, Wednesdays, and Fridays, at half-past 11.

Each division	£3 3 0
Entire course	5 5 0

Materia Medica; by Drs. Seymour and Macleod, on Tuesdays, Thursdays, and Saturdays, at half-past 11.

Each course	£3 3 0
Two courses	5 5 0
Perpetual	6 6 0

Midwifery; Dr. R. Lee, on Mondays, Wednesdays, and Fridays, at 9, A.M.

Each course	£3 3 0
Perpetual	5 5 0

Chemistry (at the Royal Institution, in Albemarle-street); by Mr. Brande and Dr. Faraday, on Tuesdays, Thursdays, and Saturdays, at 9, A.M.

One course	£6 6 0
Perpetual	8 8 0

Botany; by Dr. Dickson, in the Summer.

One course	£3 3 0
Perpetual	4 4 0

Medical Jurisprudence; by Dr. Lee and Mr. Macaulay, in the Summer.

Each course	£3 3 0
Perpetual	4 4 0

ST. GEORGE'S SCHOOL,

No. 1, Grosvenor-place, Hyde-Park Corner, adjoining St. George's Hospital.

Anatomy and Physiology; by Messrs. Lane and Harrison, daily, at half-past 2.

Complete course	£6 6 0
Unlimited	8 8 0

Practical Anatomy, with Demonstrations; by Messrs. Harrison and Lane, daily, at half-past 10.

Complete course	£6 6 0
Unlimited	8 8 0

CHARING-CROSS HOSPITAL.

Near Charing-Cross.

SURGEONS.—Mr. Howship and Mr. Partridge.
PHYSICIANS.—Drs. Golding, Chowne, and Shearman.

Surgical Practice.				*Medical Practice.*			
Six months	£10	10	0	Six months	£10	10	0
Full period required	15	15	0	Full period required	15	15	0

For the full period to both Medical and Surgical Practice, £26 5s.

CHARING-CROSS HOSPITAL SCHOOL.

Anatomy and Physiology; by Mr. Hancock, on every day, except Saturday, at 3.

One session	£5	5	0
Two sessions	7	7	0
Unlimited	10	10	0

Practical Anatomy and Demonstrations; by Messrs. Guthrie and Hird, every day, except Saturday, at 10.

One session	£5	5	0
Two sessions	7	7	0
Unlimited	8	8	0

Surgery; by Mr. Howship, on Mondays, Wednesdays, and Fridays, at 5, P.M.

One session	£3	3	0
Two sessions	5	5	0
Unlimited	6	6	0

Medicine; by Drs. Shearman and Bennett, on Tuesdays, Wednesdays, Thursdays, and Fridays, at 4.

One session	£4	4	0
Two sessions	6	6	0
Unlimited	7	7	0

Materia Medica; by Dr. Steggall, on Mondays, Wednesdays, and Fridays, at 9, A.M.

One session	£4	4	0
Two sessions	5	5	0
Unlimited	6	6	0

Midwifery; by Dr. Chowne, on Mondays, Tuesdays, and Thursdays, at 6, P.M.

One course	£3	3	0
Two courses	5	5	0
Perpetual	6	6	0

Chemistry; by Professor Daniell, at King's College.

One session	£7	7	0
Unlimited	10	10	0

Botany; by Dr. Willshire, in the Summer.

One course	£2	2	0
Two courses	3	3	0
Unlimited	4	4	0

Medical Jurisprudence; by Drs. Chowne and Bennett, in the Summer.

One course	£2	2	0
Two courses	3	3	0
Unlimited	4	4	0

Morbid Anatomy; by Mr. Howship, every Thursday, at 5.

One course	£2	2	0
Two courses	3	3	0
Unlimited	4	4	0

General fee for all the Lectures required by the Hall and College, £15 5s.

COURSES AT PRIVATE RESIDENCES.

BARTHOLOMEW CLOSE LECTURE-ROOM,

93, *Bartholomew-close, near the eastern gate of St. Bartholomew's Hospital.*

Medicine; by Dr. Venables, on Mondays, Wednesdays, and Fridays, at half-past 4.

One course	£3	3	0
Two courses	5	5	0
Perpetual (midwifery and medicine)	8	8	0

Midwifery; by Dr. Waller, on Mondays, Wednesdays, and Fridays, at a quarter to 6, P.M.

One course	£2	2	0
Perpetual	4	4	0

Forensic Medicine; by Drs. Waller and Venables,

One session	£1	1	0

Botany; by Dr. Venables, £2 2s.

Dr. Thomas Bull will deliver a course of lectures on Midwifery, at 27, Finsbury-place, Finsbury-square, on Mondays, Wednesdays, and Fridays, at half-past 5, P.M.

One course	£3	3	0
Two courses	4	4	0
Perpetual	5	5	0

Dr. Maddock will commence a course of lectures upon Diseases of the Chest, at his residence, 80, Judd-street, Brunswick-square, on Tuesday, October 1.

The course	£3	3	0

PRIVATE INSTRUCTION.

THE only announcements on this subject which we have received are from Mr. George Hind, who prepares for the examination at the College of Surgeons, at 66, Gower-street, Bedford-square; and from

Dr. Steggall, at 29, Bloomsbury-square. Terms:—

For the College	£5	5	0
Hall	5	5	0
Latin	5	5	0
The whole together	12	12	0

Amid a collection of evils it is often impossible — despite the counsel of the sage —to choose the least. We refrain, therefore, from recommending the student to pay his money at any one of the afore-mentioned establishments in preference to expending it at another. His object is to purchase at one or other of them "tickets of admission," which he can afterwards exchange, at the same marts, for "certificates of attendance," which, again, he may barter for a license or diploma. He will find therein but few *instructors*,—few to teach him *anything*. He must instruct himself. For the performance of that pleasant duty there are open to him two fields, that of practical anatomy and that of practical medicine. All else that is professed to be taught here he should either have studied before coming to London, or must regard as secondary to those two great branches of knowledge. Whatever is taught in the lecture-rooms is learned much better at home, from books, or in the laboratory. In and out of the theatres the student will walk, to secure his "certificates," though he may prefer in them the difficult task of keeping awake to the easy consequence of going to sleep; but he will estimate the "instruction" there conveyed at its right and most inferior value, remembering, above all things, that *in London he must teach himself*, and find his means of doing so in the *dissecting-room*, at the *bedside*, and in the *dead-house*.

We have now for so many seasons explained to the medical student our views of his duty to himself and his friends in visiting the metropolis on these occasions, that we would this year fain add to our previous store of advice the counsel of some coadjutor in the field of medical education. The subject is occasionally discussed by authors who bring to its consideration a long experience. Before us are the observations of a recent writer, in the form of "An Address on the Studies and Duties of Medical Pupils," which should afford us an opportunity of presenting, in a compact form, the opinions and advice of such a fellow-labourer as we might seek at the present moment. Mr. Barlow, a surgeon, of Blackburn, has approached his task with "an experience of more than half a century in the arduous duties of the profession." From such a councillor much should be learned, but we can draw from his pages only a text or two of appropriate advice on this occasion. He properly counsels the youthful student to banish from his mind the common distinction of the remedial art into two sciences, *medicine* and *surgery*. Under the former term all the subordinate branches are included, and the separation of medicine into distinct arts is unnatural, and inconsistent with facts. His next great caution for the student is directed against a love of hypothesis and theory. The belief in *principles* is essential to correct practice, but every care should be taken that these are adopted only after the most rigid scrutiny into facts of which the mind is capable, observed chiefly in watching the nature, progress, treatment, and events of disease. No amount of theoretical knowledge can be substituted for a *personal acquaintance* with methods of cure.

In the hospitals great operations are made the chief object of attraction, and so highly is the opportunity of witnessing these feats estimated by directors of the fee department, that the admission to the "surgical practice" is made many times more costly than that to the "medical." We find, for instance, in the prospectus of Guy's Hospital, that while *eighteen* months attendance on the the physicians' practice is charged 15*l.* 15*s.*, *six* months attendance (one-third of 18 months) on the surgeons' practice is *twenty pounds*. Three times 20 being 60, the forty-four pounds, five shillings, must be added for *sight-seeing*.

If we look under the same head in the Charing-Cross Hospital, it will be seen that the "medical" and the "surgical" practice are rated each at the same sum, namely, 15*l.* 15*s.* At that establishment the exhibition of the knife is rare. The Pollards and Hoo-Loos of British surgical history, are seldom seen on the fatal table at so early a period in the date of any hospital. But the sensible student will not be drawn out of his proper track by a mere love of *sights* in surgery. "It is the practice of students who are attending the hospitals," says Mr. Barlow, "to look up with avidity to the greater surgical operations, without paying due regard to minor cases; yet it is by attention to the lesser evils and operations that young men acquire a competent knowledge of surgery."

The basis of all medical knowledge is

Anatomy. On that immediately rests physiology. Correct pathology and therapeutics are founded upon these. Daily will medicine become a more permanent and less conjectural fabric, as it is founded upon a more universal knowledge of anatomy. A perfect acquaintance with anatomy will alone enable the surgeon to avail himself of the resources which he will derive from that great requisite for practising physic, *good sense*,—the vigilant and ready exercise of the judgment in all emergencies,—the prompt adaptation of what is known to what is to be performed,—a faculty which, though partly a gift of Nature, is capable of great development by judicious education.

The student, once entered on his mental pursuits, must engage in them zealously, determinately, perseveringly. The temptations of a luxurious city must not lure him from the sick patient, the dead body, the laboratory, or the library. This is not the season for sensual indulgence. He should not fear that if he fails to witness this attractive sight, or partake of that novel pleasure, no other opportunity will offer to see and feel what is delightful of the same kind. Let him postpone those enjoyments of London which are foreign to his present business to a future and better season. He will meet them with a higher relish, when advancing time has improved his taste and heightened the refinements of life, and they will then leave behind no sting, because he will be master of his own time and resources. The money which is at his command now has another creditor, and he should reflect on the wise policy of expending it honestly. In the one case, too, he wastes his wealth; in the other he puts it to usurious interest. True it is that under the present schemes of medical government the labours of the mind are not treated justly. An example that is pregnant with alarm to the student exists in the recent treatment of Mr. MACKENZIE and the other candidates, in July last, for the degree of M.B. in the University of London. Years of patient, unbroken application as a student may avail men nothing before seats of judgment in which room is found for such usurpers of high places as the TWEEDIES and the ROGETS of medicine. We may contemplate the fact with deep regret and immeasurable disgust, but it should not operate depressingly on the youthful mind. The gain is still with the student. He may be robbed of his privileges by chicanery, trick, and private interests that are opposed to the public welfare, but the knowledge which should have ensured to him more honourable and honest treatment remains his own. Of that even the most malicious plotters, the most unjust judges, cannot deprive him, and the public will do him justice though their servants have withheld it.

In attending to anatomy, and the phenomena of disease, with the earnestness which we have recommended, we repeat that the student need not fear that he is postponing the study of any branch of medicine to a less appropriate time. If his preliminary education have been neglected, let him now farther postpone it. It would be better to *begin* tuition by teaching the first truths of natural science, the elements of chemistry, the principles of botany. These prepare the student for the especial business of medicine, but if their acquaintance have not yet been cultivated, let him avoid such distractions for the present, wholly to devote himself in the new locality to which he has been brought, to the structure of the human frame, its functions and diseases. The collateral studies which complete education, and constitute the accomplished physician, must now be pursued on quitting the hospital and dissecting-room, keeping in mind, however, to what extent he really must (as regards his future career as a legally-qualified practitioner) respect the absurd curricula of the College and Hall.

The student should bear in mind that he is not at present wandering from the proper field of study by attending to that branch of medicine which is called *Physiology*. In making any distinction between anatomy and physiology, it is to be remembered that we are separating in idea only, by words merely, what, in nature, is essentially one. In anatomy we study the structure in repose; in physiology, the structure in action. The function is not one thing and the organ another, but the function is the organ itself in action. Of little use is it to examine the brain, the liver, the heart, the kidneys, the blood-vessels, the muscles, and their various connections, without knowing the uses and action of either. Hence it is obvious that anatomy and physiology should be studied in conjunction. In the dissecting-room the student should

use the scalpel; at home let him examine the best authorities on the functions of the parts which are immediately occupying his attention.

If there be another branch of medical science which will permit, with advantage, some portion of the student's time to be set apart for its study at this time, it is that of *Comparative Anatomy*, a knowledge of which will greatly assist inquiries into morbid anatomy, and may be judiciously pursued along with that of the human subject. It often supplies, by manifest analogies, the deficiency of direct observation in various points of the anatomy of man. Comparative anatomy was first brought into close, formal, and striking companionship with the other branches of medical study, through the medium of the press, by the publication, in this Journal, of a complete course of lectures on that subject by Professor GRANT, who occupies, in his department, the highest rank among British physiologists and structural anatomists. Anxious to keep this important branch of science prominently and advantageously before the profession, we intend, in the present volume of THE LANCET, to re-direct attention to its truths, by the publication of a course of instruction of surpassing value, from the pen of the great physiologist DE BLAINVILLE, the Professor of Comparative Anatomy, Paris, produced in an English form, with copious remarks and annotations by Dr. ROBERT KNOX, the well-known Professor of Anatomy in the University of Edinburgh, illustrated, copiously, by copies of the original sketches which accompany the prelections of M. DE BLAINVILLE, and drawings made from numerous preparations in the museums of Dr. KNOX and the Edinburgh College of Surgeons. A more extended notice than can be given in this place of this great production of the anatomists of Paris and Edinburgh will be found annexed to the preface of the new volumes of THE LANCET, of which this is the first number.

When the student has seen performed the last offices of the medical attendant on a dying patient in the wards, his observation of the case is not concluded. The body must be followed to the dead-house, whenever its examination is permitted by the regulations of the hospital; and there, under the directions of the physician or surgeon in whose care the patient was placed, he should join in the pathological inquiries that were indicated by the symptoms during life. The chief obstacle to such investigations in our hospitals arises from the indisposition of the medical officers to make post-mortem investigations. Either they will not take the trouble of making the inspection, for the benefit of the student, who has paid to witness the practice of the hospital *in full*, or they have an unconquerable prejudice to examine and disclose the internal evidences of unsuccessful treatment. On this subject it is impossible to repeat too often the admonitions which have before been given in THE LANCET. The promise appears every year in the prospectuses of the hospitals that post-mortem examinations of the deceased patients shall be made. Let the students keep this announcement constantly in mind. They have nought to fear from demanding (courteously of course) that every such promise is faithfully kept. In several of the hospitals the surgeons seldom or never either attend in the dead-house, or communicate to the *majority* of the students notices of the examinations. This is, in every respect, a discreditable omission. If the symptoms of a fatal disease cannot be traced to changes in the body after death, the practice of medicine must be founded on empiricism. The students, therefore, should unite to require a proper notice of every dissection, and expect that the examination be conducted by the officer under whose medical care the patient has died. The death may have falsified the prognosis. The grounds of the diagnosis, and the principles of the treatment, should therefore be promptly explained in the dead-house or at a clinical meeting. Facts, thus accumulated, are essential to the correct practice of medicine. On these occasions the pupil should be prepared with notes of the disease, previously made in the wards, to compare them with what is disclosed at the morbid inspection.

We conclude our remarks. They are confined to a few but essential points in the conduct of the student in London. Circumstances which he cannot control must affect many of his actions, and others will be so obviously indicated by events that occur around, and the position which, either purposely or accidentally, he occupies, that it is needless to discuss them in this place. He should now place a most careful guard over his money, his time, and his morals. He will

never again need so much voluntary restraint; for hitherto his wants and temptations have been few; and while, at the present period of his life, the inclination to misuse the gifts of art and nature is greater than it will be when he comes to be his own provider, necessity, or the principle of self-preservation, will then make easy, natural, and even pleasant, to him the exercise of self-denial.

MEDICAL INSTRUCTION AT THE BEDSIDE.

The possession of knowledge is not always accompanied, in the same individual, by the power of imparting it to others. Profound, sagacious, and learned himself, the master of any art or science may yet be deficient in that essential qualification for teaching, the capacity to express his thoughts in language that is suited to the understanding of students. The style of John Hunter was exceedingly confused, and to this day certain portions of his works are obscure, and almost incomprehensible, from the manner in which they were written. On the other hand, the orator, the ready elocutionist, the facile talker, may be an equally incapable teacher. The union of sound knowledge with high powers of tuition, unfortunately, rarely exists, and its deficiency is in no department more striking than in that of clinical teaching. The men who have acquired a name for supposed skill in the treatment of disease in our hospitals, are, some of them, such indifferent instructors that the time of the student is altogether wasted in seeking knowledge at their feet. Others are so indolent, and others, again, so neglectful of their public duties, that their visits to the wards are only characterised by abrupt manners and indecent haste, manifested to an extent which nothing but personal observation would render credible. The writer of this article intended to give a short sketch of each clinical teacher in London, and with this view had this year visited most of the metropolitan hospitals, hoping to observe with care the proceedings, and to estimate the qualifications, of the medical officers. The intention, however, was more easy to be conceived than executed, the attendance of those functionaries being so irregular and eccentric as to defeat his utmost vigilance. Their appointments and engagements were continually broken; or, if they were regular in the days of their attendance, the hours at which they should have come were never those which had been specified: At length, therefore, he abandoned his intention, and became content with preparing a general view of the clinical tuition of London, such as is now presented to the reader.

Clinical instruction is, palpably, at a very low ebb in the metropolis, for although "clinical *lectures*" are given with a tolerable approach to regularity in one or two of the hospitals, in the heart of the season, the *demonstration of clinical facts* is almost wholly neglected. The physician or surgeon seems to think that he has done his duty as a teacher if he briefly recounts, once a week, his equally brief visits. For instance, there is Mr. Vincent, a surgeon at St. Bartholomew's Hospital. He hurries through the wards so rapidly that there is a *general run* among the students to keep up with him. This gentleman will "see" seventy or eighty patients, lying in all parts of this enormous hospital, in an hour and a quarter—seventy-five minutes! But, with all his nimbleness, Mr. Vincent is no match for a surgeon of the name of Skey, who, for instance, to take a particular day, which is a sample of his general conduct, on the 26th of July last, when attending for Mr. Lawrence, actually visited thirty in-patients, poor devils! in *twenty minutes*.* The quality of the clinical information that was afforded to the students who followed this conscientious individual, may be readily estimated. The amount was contained in ten valuable words. The nurse informed him at one bed that the half-witted patient had devoured eight ounces of sugar. "Ha!" said the surgeon, "that is good for digestion; at least, Dr. Prout says that sugar is a necessary ingredient to that process."

* We need not wonder at such scenes as the following occurring in hospitals which are thus attended:—On the 24th of April—we respect dates—one of the surgeons of one of the metropolitan hospitals, whose name is before us, entered the wards to pay one of his twenty-minutes' visits. Calling a dresser, "How," said he, "is the patient in so and so?"—"Dead, Sir." "How is the man in the next ward?"—"Dead, Sir." "Oh! How is the patient in such a ward?"—"Dead, Sir." "Oh! How is the man up stairs?"—"Dead, Sir." "Why, they're not *all* dead?"—"Yes, Sir, they are." *Surgeon* (ruminating)—"That's strange."

Generally speaking, when the day comes for delivering what is called a "clinical lecture," out of all the instructive cases in the hospital, the professor takes one particular patient, prepares a few written notes upon his complaint or accident, and amplifies them with all the nonchalance that he can command in the clinical theatre, perhaps at the appointed time, perhaps at some other that is less convenient to the students; perhaps he finishes his remarks; perhaps he is so fortunate as to get quit of half his task by some happy interruption that will enable him to run away from the theatre with an excuse that he is wanted elsewhere.

But if we may judge from the character of the clinical lecturing, even in the very best schools of London, we may reasonably doubt if the proper character of that species of instruction is at all understood amongst us. *Lecturing* is not always *instructive*. The student should not merely be required to listen to some account of a case or cases that *were* in the hospital, and *have* occurred. The actual phenomena of the disease or injury should be demonstrated at, or as near as possible to, the time of visiting the bedside; the grounds of the diagnosis, the distinguishing features of the case, its similarities to other diseases should be stated, with its elucidation by auscultation, which the student should at the moment be taught to employ and understand.*

One of the most neglected of all branches of medical instruction is the post-mortem examination of such patients as have died in the hospital. It is remarkable "how soon the dead are forgotten," particularly if the case have been one in which the prognosis and diagnosis of the medical attendant are likely to have been wrong; it is, unquestionably, however, the bounden duty of the physician or surgeon to be present in the dead-house at the examination of every patient who has died under his care, and to

* Dr. Elliotson, the best clinical teacher that it was ever the lot of the writer to follow in a hospital, the most careful, industrious, and successful in the metropolis, used to conduct this branch of his duty in the following manner. It will be found worthy of imitation: — He employed two clinical clerks, whose duty it was to keep an ample daily register of all cases admitted. On the admission of a new patient the history of the case was fully scrutinised and recorded by one of the clerks, and afterwards read to the students at the bedside, when the physician was in attendance. Such observations were then made on the phenomena presented as were likely to create the requisite interest in the case, and remain on the student's memory. When the thorax was the seat of disease, after careful auscultation the sounds elicited were detailed, with their exact situation, and every student who was willing to hear them was afforded immediate means of doing so. In cutaneous diseases the essential characters of the complaint and its eruption were particularly pointed out, with the mode of diagnosis that it was proper to employ in such cases. In subsequent visits to the patient the same careful examination into the actual condition of the patient, and the same complete instruction in his then existing state, were made and imparted. Dr. Elliotson was deficient as an oratorical lecturer; his voice was feeble and monotonous; his manner tame; but he was jocose and humourous in thought and expression, and thus prevented fatigue in his hearers. He was ceaselessly industrious in his instruction. In one year he gave nearly eighty clinical lectures. The simplicity of his language rendered him easy to "follow." He lectured upon these occasions on every case that had come under his care since the previous discourse. He has described and fully elucidated in one season to the students as many as thirty cases of rheumatism. It was his maxim that a useful fact in medicine could not be too frequently brought under notice. He did not *prepare* his lectures. The list of patients who had been admitted since the last lecture was handed to him, with the notes made in the clinical books, and another list of such as had left the hospital, or departed this life, during the same interval. In connection with the former he severally read the history of the cases, stated his reasons for forming such and such a diagnosis, mentioned the treatment he should pursue, and his prognosis, and, if the case was likely to terminate fatally, the appearances which would present themselves at the autopsy. With respect to the second list, if the patients were those who had recovered, he reviewed the case in all its bearings; and if the case had been fatal, the parts implicated in the disease were exhibited, with such remarks as were likely to render the case complete. The introduction of mesmerism into University College Hospital, of which Dr. Elliotson was physician, operated so banefully that his whole system of clinical instruction was overturned; the duty of the clinical clerks then chiefly consisted in manipulating the patients, recording the results, and assisting at "experiments in animal magnetism," while the wards changed from places of sober, steady instruction, to scenes of merriment and eccentricity.

point out to the students in the lecture-room all that is worthy of remark, but particularly with reference to the disease of which the patient has died. The great advantages of *small* hospitals, as places of clinical instruction, have been often illustrated in this Journal. SCARPA had but fifteen patients in his clinical infirmary. The London hospitals cannot be visited without affording proofs on every side of the superiority which a limited field of observation affords to the bedside observer. The students in them are compelled to occupy half their time, at the visits of the medical officers, in running a race along the wards, to keep up with the prescriber, or get a first place at the bedside,—only to be there, however, to have to run away again directly afterwards for a good place at another bed, not half of the pupils obtaining, generally, even a sight of the patient, or hearing one word that falls from the medical attendant. The patients are thus visited, where there are so many cases, at the rate of sixty in an hour. Sound clinical instruction, and the scientific treatment of the patients, must meet with little chance of becoming characteristics of medical charities in which a case a minute is disposed of by the medical attendant, including the riotous journeying from one bed to the other. We have often been round the wards of St. Bartholomew's when the visiting surgeon,—one of the Examiners at the College of Surgeons,—has not, during his entire perambulation, made a single clinical remark from which the student could derive benefit.

At other hospitals we are not more fortunate in finding clinical instruction. The three senior surgeons of the Westminster Hospital are Examiners at the College of Surgeons, and one of them, at least, bears the reputation of being particularly severe and surly to the candidates. Yet not one of either of those teachers ever gives a clinical lecture; though, to hear the introductory discourses of some of these gentlemen at the fee-taking season in the hospitals one would think that they considered clinical instruction to be the most valuable of all medical tuition. As to the attendance of these gentlemen, nothing can be more irregular. They come at the proper hour, or they leave it alone. Their visits range between the hours of twelve o'clock and four, everybody else being there to meet them, perhaps at twelve. One of them has presented himself as late as five o'clock, though, for the value of what is taught, he might as well be away. The Westminster Hospital affords at all times rich illustrations of these remarks. How the business of that hospital is carried on at all is a marvel. Over the bed of each patient, it is true, is hung a notice of the medical officer who is reputed to have the care of the patient; but on the assistant-surgeon falls, apparently, all the work of the surgical staff. That gentleman is the only one who attends with regularity to the duties of his profession in his appropriate department. From a circumstance that took place in the wards the other day, however, it would seem that he has also another duty to perform, that of preventing mischief, as well as curing it. Sir ANTHONY CARLISLE had a patient nominally under his charge, with an extensive injury of the forearm, upon which erysipelas had supervened. At one o'clock the venerable Sir ANTHONY ordered a heavy linseed-meal poultice to the part. At two o'clock the assistant-surgeon ordered the weighty "mess" to be removed, and the lighter, more comfortable, and more clean application of fomentations in its place. Under whose care was this patient?

Other surgeons and College Examiners are equally careless as instructors in the hospitals. Take, for instance, Mr. SAMUEL COOPER, who professes much regard for clinical tuition. During the past session he has given but two clinical lectures, and has frequently too much gout to attend at all at his post in the hospital. Mr. LISTON has lately been equally remiss as a clinical lecturer. At St. George's Mr. KEATE declines lecturing on the cases. At the London Mr. ANDREWS is not less dumb. Mr. VINCENT, at St. Bartholomew's, is silent. Out of eight hospital surgeons who sit in the examining body in Lincoln's-inn-fields, two only give anything like clinical instruction, viz., Mr. COOPER, feeble though it be, and Sir BENJ. BRODIE. The irregularity of the attendance of the surgeons at Guy's Hospital, and the breaches of faith in bedside tuition at that institution, have often been mentioned. We regret to say that the neglect still continues. It is perfectly useless to mention either the days or the hours at which the surgeons are promised to be at their post. During the summer session of

the present year, on five visits to Guy's Hospital at the hour that Mr. KEY was announced to go round, twice only did we find that gentleman make his appearance, and on one of those days, July the 25th, at the same moment Messrs. COCK and CALLAWAY were seeing the out-patients, whilst Dr. BRIGHT, and Messrs. COOPER, KEY, and MORGAN made their visits to the *in*-patients. However, when Dr. ADDISON and Mr. KEY *do* attend they may be usefully followed. The clinical instruction supplied by Mr. KEY is that of an accomplished and scientific surgeon, and he becomes an effective teacher. There is an industrious Clinical Society at this hospital, but, like the statue of old that TITAN designed should be filled with the divine breath, excellent in its proportions and completeness, it wants the living afflatus and energy which experienced men alone can give to it. While speaking of this hospital it should be mentioned that the surgeons here, as well as elsewhere, in the operating theatre, never make an observation on the case under the knife, however interesting, however difficult, or however rare. The whole proceeding of the surgeon is carried on and closed in dumb show, and the students depart from the spectacle made wiser only through one sense, that of the eye; of the nature of the case, the reasons for operating, the difficulties which have been encountered, and the probability of success, they hear not a word.

MEDICAL JURISPRUDENCE.

INQUEST.

POISONING WITH OXALIC ACID.

THE *Hertford Reformer* of Sept. 7th contains a report of the proceedings at an inquest held in Hertford, before Mr. LONGMORE, Coroner, on the body of Sarah Woolmer, who died at her lodgings in that town, and respecting whose decease many reports of unfair usage on the part of the husband, a man in humble circumstances, were in circulation. The evidence tended to prove the truth of these rumours; but the verdict returned was that the woman died from taking oxalic acid, though whether swallowed with intent to commit suicide, or administered by some other person, the Jury could not say. A post-mortem examination of the body was made previous to the first day of the inquest, by Mr. Shillitoe and Messrs. Davies, and during the interval of an adjournment the contents of the stomach (not at first analysed) were chemically tested, when the following report was laid before the inquest. During life the surgeons in attendance, on the morning and afternoon of the death, did not, according to the report, suspect poisoning, and the evidence presents no description of the symptoms that can be usefully extracted. It is simply said that she had been vomiting, was labouring under paralysis, was insensible, dying:—

"She was, apparently, about 30 years old, and tolerably well made. Externally, there were a few slight bruises and scratches on the body.

"The base of the skull contained about 4oz. of bloody serum, the arachnoid membrane was very highly vascular; the brain altogether was preternaturally soft; but the greater part of the *right* hemisphere presented a high degree of *ramollissement*, the structure of the brain being so disorganised as to resemble thin pap. The *corpus callosum*, and *thalami* of the right side, and the striated bodies of the same side, were remarkably soft.

"The contents of the chest appeared healthy, with the exception of some old adhesions on the left side.

"The liver was rather larger than usual, and considerably gorged with blood. On lifting up the liver *the stomach was observed to be discoloured; and on being examined externally, it was found ulcerated throughout, about the middle of its anterior surface, but rather towards the left, or large end.* The hole was large enough to admit the fore finger; none of the contents of the organ seemed to have escaped. The opening having been secured by ligature, and ligatures having been also applied to the œsophagus and duodenum, the stomach, with its contents, was removed for further examination, as was also about a yard of the upper portion of the intestines, which appeared very highly inflamed. The other parts appeared tolerably healthy.

"On further examination, the stomach was found to contain about 12 ounces of fluid very much resembling coffee-grounds; it was very dark coloured, appearing almost bloody, and of a consistence rather thicker than that of coffee-grounds. The mucous lining of the stomach was considerably softened, more especially about the part where the ulceration had taken place. That portion of it which lined the large end was of a very dark colour to a great extent, and was covered thickly over by a substance resembling grumous blood. The opening through the coats of the organ was of a circular form; around it, externally, the peritoneal covering was softened to some extent. The mucous membrane of the duodenum, and of about a yard of the upper portion of the small intestine, was highly inflamed, almost amounting to ulceration.

"About one-half of the fluid found in the stomach was boiled in a glass flask, for half an hour, over a spirit-lamp, with an equal quantity of distilled water, and then filtered.

"Into about half an ounce of the filtered fluid, a stick of nitrate of silver was introduced. A copious, heavy, *white* precipitate immediately took place; this was a *prima facie* proof of the *absence of arsenic*; for if that poison had been present, the precipitate would have been *yellow* instead of white.

"A portion of the same fluid was next shaken up with lime water; this again caused a *white* precipitate, which went to prove the absence of bichloride (oxymuriate) of mercury; for if that poison had been present, the precipitate would have been *yellow*.

"A few drops of the filtered fluid immediately converted tincture of litmus into a *red* colour: this proved that it contained an *acid*. The same thing was proved by a portion of the fluid being converted into a beautiful *brown brandy colour* by the introduction of a few grains of iodide of potassium (hydriodate of potass).

"The fact to be now discovered was, *what* acid it was which had caused the mischief?

"That it was not *muriatic* acid, was proved by the white *precipitate* caused by lime-water; for *muriate of lime* would not occasion any precipitate.

"A solution of sulphate of copper was next added to a portion of the same fluid; the effect soon was to convert the mixture into a *whitish blue*, something approaching to a *green*, colour.

"This went to prove that the acid was *not* the *sulphuric*; for the addition of that acid to a solution of sulphate of copper deprives the latter of its colour, or considerably reduces it.

"The great probability then was, that the acid which had been found in the stomach was the *oxalic*; for, with lime-water, as well as with hydrochlorate of lime, it caused a *white* precipitate (oxalate of lime), and with the sulphate of copper it produced a *whitish blue* colour (oxalate of copper). A solution of a few grains of oxalic acid in distilled water was tried by the same tests, and on comparing the results they exactly corresponded, allowing for the slight yellowish colour of the fluid found in the stomach, which the filtering did not remove entirely. So did also the precipitate by the nitrate of silver exactly correspond, *to all appearance*, with that caused by the same test applied to a little solution of oxalic acid.

"But upon repeated trial, we found that all these tests will produce very similar appearances when added to other substances than oxalic acid.

"1. Lime-water will give a *white* precipitate on the addition of *sulphuric* acid, as it does on that of the oxalic. But that it was not the sulphuric that the stomach contained in this instance, is proved by the fluid turning *blue* on the addition of sulphate of copper.

"2. A mixture of *muriatic* acid in water will give exit to the brandy, or iodine colour of iodide of potassium, as the oxalic acid does. But that the acid found in the stomach was not the *muriatic*, is proved by the fact of its causing a *precipitate* with lime-water.

"3. The *argentum nitratum* will cause a *white* precipitate from a solution of oxymuriate (bichloride) of mercury, the same to all appearance as that which it causes from a solution of oxalic acid. But that the fluid of the stomach did not contain oxymuriate of mercury is proved by its producing a *white* precipitate with lime-water, and not a *yellow*.

"4. A deposit perfectly similar, to all appearance, to that produced by the nitrate of silver on a solution of oxalic acid, will be caused by the same test on a solution of *animal matter* simply; for instance, distilled water in which a piece of flesh has been boiled. But the effect of the sulphate of copper proves that the fluid found in the stomach contained something *more* than animal matter in solution; and the litmus proves that something to contain free *acid*.

"That the acid which produced the mischief in the case in question was not the *nitric*, is rendered probable by the want of that yellow colour of the stomach which this acid produces on animal matter. Also, nitric acid will not change the colour of sulphate of copper into a whitish or greenish blue, like the oxalic. Nor will the tartaric, the hydrocyanic, nor any other strong acid, which the person was likely to procure.

"In *one* respect only did the contents of the stomach fail to give the same result as a solution of oxalic acid in water. A white, heavy precipitate, as before stated, will be caused by the action of nitrate of silver on solutions of various substances; but it is characteristic of that produced on a solution of oxalic acid to *detonate* when dried on a filter and exposed on a spatula to the heat of a spirit-lamp. No detonation could be caused by the precipitate from the liquid found in the stomach.

"But this absence of detonating property may be accounted for,—

"1st. By the fact that the quantity of acid remaining in the stomach at the time of death was very small, owing to the organ having cleared itself by repeated vomiting during several hours previous to death having taken place.

"2ndly. By the circumstance that the small proportion of acid was mixed with a large proportion of animal jelly, held in solution by the same fluid, notwithstanding the filtration. By the action of the nitrate of

silver this animal matter was precipitated, together with the oxalic acid, and the two precipitates formed one homogeneous mass; so that, upon being exposed to the heat of a spirit-lamp, the animal gelatine prevented the explosion of the small quantity of oxalate of silver which was mixed with it; and the consequence was, that the residue of the combustion of the homogeneous precipitate was a mass of carbon.

"We may state that the tests used for the fluid found in the stomach were severally applied to a solution of oxalic acid in distilled water; and the result compared in each instance.

"We may also state that most of the experiments were repeated several times with the same results.

"RICHARD SHILLITOE.
"JOHN DAVIES.

"Hertford, Sept. 3, 1839."

The Surgical Anatomy of the Arteries, and Descriptive Anatomy of the Heart, &c. By VALENTINE FLOOD, M.D. 8vo. pp. 237.

WE could not introduce the work now before us to our readers at a more opportune time than the present, when the commencement of a new medical session brings forward a number of pupils who are anxious to select the best treatises on the various points of medical science.

Anatomy was a delicate subject for any author to choose. We have "systems" of anatomy, from Meckel down to Bransby Cooper; manuals of every grade and complexion; and "guides" so numerous withal that the student knows not whom to follow. But the anatomy of the arterial system was a still more delicate task. For many years Mr. Harrison, in this country, and M. Manec, in France, had, as it were, made this subject their own, and seemed to have acquired, by long possession, a prescriptive right to the domain. We do not say that Dr. Flood will dispossess them, but he has succeeded in making what military men would term a very effective "lodgement." The object of his work Dr. Flood concisely indicates in the following passage of his preface:—It is "to present the professional reader with an accurate description of the heart and arteries of the human subject, in as condensed a form as would be consistent with clearness." In order to render his work more useful to the student and practitioner, Dr. Flood has added a careful description of the principal operations which are performed on the larger trunks, and has introduced a new feature by detailing the most important varieties of the arterial system which an operating surgeon should be prepared to meet in the course of his practice. This latter point has been unaccountably neglected by most writers on the surgical anatomy of the arteries, and we are much indebted to Dr. Flood for having, with great industry and judgment, collected together and drawn attention to such anomalies as are likely to embarrass or impede the surgeon in the practice of his art. The necessity of a knowledge of arterial varieties is well illustrated by the history of an operation for subclavian aneurysm recorded in another part of our present Number. Had not the operator, in the case alluded to, been familiar with the deviations, in origin and course, to which the subclavian artery is subject, the operation might have failed, notwithstanding the skill and coolness displayed during the dissection.

The following account which Dr. Flood gives of the anatomy of the subclavian artery will serve to show how well he has succeeded in combining clearness of description with condensation of matter:—

"The subclavian arteries are two in number, a right and a left; the right subclavian arises from the arteria innominata, and the left from the arch of the aorta. Each subclavian artery is usually described as having three stages. In the first stage it ascends from its origin to the internal margin of the scalenus anticus muscle; in the second stage, it passes behind that muscle, and in the third it proceeds obliquely downwards and outwards, till it arrives at the lower margin of the first rib, where it changes its name and becomes the axillary artery. In this course it forms an arch, the convexity of which looks upwards, and the summit of which is usually opposite to the sixth cervical vertebra. As they differ in their origins, their relations must necessarily differ in the first stage, and, therefore, a separate description will be necessary for each; but in the second and third stages their relations are exactly alike.

"*The first stage of the Right Subclavian Artery.*

"The right subclavian artery arises from the arteria innominata behind the sterno-clavicular articulation, and passes obliquely upwards and outwards, till it reaches the internal margin of the scalenus anticus

muscle. In this course it is covered *anteriorly* by the sterno-mastoid muscle and cervical fascia, and more immediately by its corresponding vein, namely, the right vena innominata. Opposite the internal margin of the scalenus anticus muscle this vein is anterior, and a little inferior to the artery; lower down (on account of their difference of obliquity) they become more distant, the vein lying to the outside. In front of the artery we observe the superior and middle cardiac nerves descending; and also, near its origin, the pneumogastric nerve and its recurrent branch. Consequently, these nerves separate the artery from the vein. *Posteriorly*, the first stage of this vessel is related to the recurrent nerve, inferior cardiac nerve and vertebral vein, still farther back to the trunk of the sympathetic nerve, and longus colli muscle, with the interposition of some loose cellular tissue. The cone of the pleura lies a little to its outside, and on a posterior plane.

"*The first stage of the Left Subclavian Artery.*

"The left subclavian artery arises from the arch of the aorta opposite the second dorsal vertebra, and ascends slightly outwards into the neck, till it reaches the internal margin of the scalenus anticus muscle, where the second stage commences. In this course it is related—*internally* to the origin of the left carotid artery, and to the œsophagus and thoracic duct; *externally*, to the left lung and pleura; *anteriorly*, its origin is crossed by the pneumogastric nerve, which in the cervical region lays on the inside of the artery. Higher up its outer edge, and part of its anterior surface, is overlapped by the pleura and lung; still higher, it is covered by the commencement of the vena innominata and vertebral vein, and at the internal margin of the scalenus anticus muscle, the phrenic nerve passing inwards towards the middle line, crosses the termination of this first stage. It may be also observed, that the thoracic duct frequently ascends on the front of this artery. *Posteriorly* this vessel corresponds to the spinal column, longus colli muscle, and inferior cervical ganglion."

The operation of tying the right subclavian artery, in its first stage, is thus described by the author:—

"The patient is to be placed in the same position as for tying the arteria innominata. The first incision should commence immediately above the sternum, at the internal margin of the sterno-mastoid muscle, and be continued horizontally outward for the extent of about three inches; the second incision, about two inches long, should descend along the internal margin of the same muscle, so as to terminate inferiorly in the internal extremity of the preceding incision. The flap of integument thus formed is to be dissected up, and the lower part of the sterno-mastoid exposed. Behind this muscle a director is to be now introduced on which its sternal and part of its clavicular origin should be divided. In a similar way the origin of the sterno-hyoid, and then of the sterno-thyroid, should be cautiously divided on a director. By scraping through some cellular membrane we may now get a view of the carotid artery, and by passing the finger between this vessel and the jugular vein (which is situated more externally), the subclavian artery may be felt. It is crossed near its origin by the pneumogastric and recurrent nerves, which must be drawn *inwards*, and the needle is to be carried round it, from below upwards and inwards on the inside of its vertebral branch. The cardiac filaments of the sympathetic nerve should be avoided, and the operator should bear in mind the vicinity of the cone of the pleura, as it may be wounded in performing this operation.

"The operation of tying the right subclavian artery in the first part of its course has been three times performed; 1st, by Mr. Colles, of Dublin; 2ndly, by Mr. Hayden, of Dublin; and 3rdly, by Mr. O'Reilly, of Dublin."

We could readily multiply quotations from Dr. Flood's treatise in support of the opinion which we have delivered on its merits, but this were a superfluous task. We feel confident that it will obtain the full share of patronage which it merits.

BRITISH MEDICAL ASSOCIATION,

September 25th.

PROCEEDINGS OF COUNCIL.

A LETTER was read from Dr. Wilmot, President of the Stroud Branch Association, containing an account of the proceedings of that branch of the British Medical Association during the past half-year.

Mr. HOOPER, on the part of the Anti-quackery Committee, gave an account of an interview which took place between the Committee and Mr. Upton, solicitor to the Apothecaries' Company. The result of this interview seemed to prove the utter inefficiency of the law, as it now stands, for the suppression of quackery, and the necessity of some new measure being adopted by the Legislature.

Extracts were read from a letter addressed to the President by Dr. P. Johnstone, relative to recent transactions at the Salop Infirmary.

Some other ordinary business was then transacted, and the meeting adjourned to Tuesday next at 8 o'clock, P.M.

PNEUMATIC UTERINE SUPPORTER AND HYDRAULIC PLUG.

To the Editor of THE LANCET.

SIR:—The uterine supporters at present used by the profession in cases of prolapsus of the uterus possessing well-known disadvantages, and the common practice of plugging the vagina during abortions, &c., with shreds of linen, silk handkerchiefs, &c., being frequently attended with unpleasant, and sometimes prejudicial effects, I request, through the medium of your valuable periodical, to call attention to the use of an instrument which I have constructed and adopted for these and other purposes. Should the same be found upon employment to be of superior practical utility, and the means of alleviating human suffering, which I doubt not, from the results of cases in which I have put it to the test, I shall feel abundantly rewarded. I am, Sir, your obedient servant,

JOHN GOODMAN.

Salford, Sept. 14, 1839.

P.S. I should feel much gratified by seeing communications in THE LANCET, with regard to the success of those who may deem this instrument worthy of trial.

The principal disadvantages of the common pessary, which I, nevertheless, maintain to be superior to any other instrument (which I have seen) in a curative point of view, are, its necessary magnitude compared with the orifice through which it has to pass, producing much pain in its introduction and removal; and the hardness of the material of which these instruments are constructed rendering them such sources of irritation and uneasiness in many instances as altogether to prevent their employment.

All other instruments which I have seen possess either no, or an inefficient, means (excepting in the most trifling cases) for the prevention of prolapsus in the vagina itself, being either external bandages alone, or supporting a *small* cup, or pessary, upon the summit of a pedestal, by the side of which the uterus can, and does, easily descend.

My object, therefore, being to produce an instrument which should present great facility for introduction and removal, capable of expansion to any extent within the vagina, and formed of such material as should, during its continuance in that situation, excite little or no inconvenience, I procured an Indian-rubber ball, such as are sold in the toy-shops, pierced it, and inserted in the orifice, with a solution of the same material, about eight inches of an elastic tube, two or three inches of the tube being inside the ball, for the purpose of maintaining firmness during the introduction. I then screwed upon the end of the tube a stop-cock, filled the ball with condensed air, closed the cock, and placed it under water, to ascertain if the whole were air-tight, without which the apparatus would be useless. I next procured a common pewter syringe for the use of my patient, and, to convert the same into a condensing pump, had a hole bored about three quarters of an inch from its upper end; this orifice, as in the condensing syringe of the air-gun, answers the purpose of a valve for the admission of air; and next I had a small tube (in which an oiled silk or bladder valve, opening outwardly, was inserted) soldered to the bottom of the syringe, and terminating in a screw to fit the stop-cock of the ball.

Thus, a very cheap and efficient apparatus was contrived for the first experiment; the case in which this was used was a delicate female, whose prolapsus had been increasing for five years; the os uteri projected from the vulva about four or five inches. I had before applied a wooden pessary of large dimensions, which sustained the uterus, but soon became so unbearable that the patient preferred the disease to the remedy. I replaced the uterus, passed my instrument with considerable facility, and no pain of any moment, screwed on my condensing syringe, and filled the ball with atmospheric air sufficiently to prevent its displacement, but so as to produce no annoyance to the patient. The end of the tube was then fixed in the groin, to be there secured by tape or other material, and the patient requested to sit, walk, &c., which she did with the greatest ease. She remarked that she felt much easier in all respects than she had been since the commencement of her complaint, and now that she has worn the instrument daily (except at the menstrual periods) for about two months, she still maintains the Macintosh cushion, as considerably superior to a wooden one of any kind; that she has, indeed, no fault to find with it, the trouble of introduction and filling being amply recompensed by the relief and comfort in wearing. One individual who uses this instrument has once or twice inflated the ball with the mouth (the condensing syringe being out of order) before its introduction. In this instance the pain of introduction is much increased, and the size of the ball is probably not so well adapted to the cavity of the vagina; but even in this way a small caoutchoue ball permanently filled with air, would possess decided advantages over the common wooden pessary

It also occurred to me that this instrument, slightly modified, might be used for many other purposes; were the ball itself constructed of thin material, such as bladder, and filled with an inelastic and incompressible fluid, there remained little doubt of its applicability as a plug, in most cases where the use of the latter is indicated. The hydraulic press exhibits, on a large scale,

he incompressibility and general adaptation of water to any purpose of this nature, and the degree of coldness which that fluid is capable of producing appeared very likely to prove beneficial in all cases where the arrest of hæmorrhage might, by this means, be attempted. But for the more effectually proving the efficiency of this instrument as a plug, I placed it in the lower part of a tin vessel, without bottom, filled the ball with water from a syringe, and then attempted, by the weight of a column of water above the plug, to force a passage for the fluid, but was unable to produce the leakage of a single drop.

The first case which presented itself in which the use of a plug appeared desirable was an unfortunate female, in whom a constant dribbling of urine, per vaginam, had for some years been caused by a laceration during labour. I was exceedingly anxious to pass a bladder-instrument in this case, and fill it with water, in order that by effectually occupying the vagina the urine would be necessitated to flow through its proper channel alone. But no persuasion, promise, or remonstrance, could induce her to adopt a new remedy, since the most skilful surgeons of the town had declared her case to be one in which relief was hopeless.

A case of abortion now presented, which was attended with profuse hæmorrhage and retention of the ovum, although about sixty grains of the secale cornutum had been exhibited. I introduced the instrument (a caoutchouc ball) and not a drop of blood issued so long as it remained in the vagina, although in this case I filled the ball with condensed air alone. In twenty-four hours I removed it for the purpose of examination, but as the ovum still remained very high, and flooding again occurred rather severely, I reintroduced it. This I also found necessary again, the third time, before the completion of the abortion. The patient did not complain of any severe pain during its introduction, continuance, or removal; and I believe the discharge was as effectually prevented as if a ligature had been applied to each blood-vessel from whence it issued.

A case occurred to me, on Tuesday last, of a female, who, from internal hæmorrhoids, had lost, as she stated, "three or four quarts of blood." At all events so debilitated was her condition that she fainted away for about half an hour in my presence. Not having by me a bladder or ball of any kind, I passed a small sponge, dipped in decoction of oak and alum, into the rectum, which remained for twelve hours, and prevented any further loss.

On the day following, as the hæmorrhage continued after the removal of the sponge, I introduced a small sheep's bladder, into which a tube was inserted as before, and through the stop-cock injected with my stomach-pump a small quantity of cold water. The bladder was introduced with much greater facility, and less pain than the sponge; not a drop of blood was lost after its introduction, and as it seemed very desirable that no more should be lost, the patient being now in a state of great exhaustion, I allowed the bladder to remain until yesterday (Friday). Upon its removal the hæmorrhage had entirely ceased, but the bladder itself was corroded, and had lost the whole of its contents. It appears, therefore, that bladder becomes unfit for use if allowed to remain after a certain period, and if a long period is required a catouchouc ball must be used.

Monday, Sept. 16. The individual in question has now remained three days without plug. No hæmorrhage occurs, and, by the use of mild laxatives, and dilute sulphuric acid, &c., she is rapidly progressing towards convalescence. It appears to me, also, that this hydraulic plug would be of much utility in suppressing hæmorrhage after the removal of large internal hæmorrhoids.

MEDICAL OBSERVATIONS.

To the Editor of THE LANCET.

SIR:—I beg to forward the accompanying communications for insertion in your publication, and remain your obedient servant,

E. A. SPILSBURY.
(*Per.* GEO. SPILSBURY.)

Walsall, September, 1839.

WINE IN ACUTE BRONCHITIS.

Professor Graves, of Dublin, in a clinical lecture on a case of typhus fever, complicated with general bronchitis, published in November last, is reported to have expressed doubt as to the efficacy of stimulants in acute bronchitis. I have selected the three following extracts from the professor's observations:—"Were we" says he "in treating our patient, to direct our attention chiefly to the extensive bronchitis, and prescribe cupping, leeches, blisters, calomel, squills, digitalis, or ipecacuanha? or were we to strive rather against the general than the pectoral ailment?" Again, "but here the question occurred, would not nourishment and wine increase the bronchial inflammation, and might they not augment the amount of local disease, by inducing pulmonary congestion, or even pneumonia?" "Here the effect produced is most satisfactory, for, so far from increasing (the symptoms) under the use of wine, moderate nourishment, and carbonate of ammonia, the bronchial inflammation has notably subsided,—the woman's breathing is now comparatively free and calm, and she is less troubled with cough,

while the sonorous* and sibilous râles are rapidly becoming less distinct." I have for several years watched the beneficial use of wine in acute bronchitis, and from extensive experience and observation, am warranted in giving corroborative testimony relative to the use of wine or brandy, administered in small doses, in cases such as that above described.

I give the potassio-tartrate of antimony, in doses of two grains every four hours, should the breathing be dry, sonorous, and sibilant; a tablespoonful of wine is added at night to a cupful of whey, or a dessert-spoonful of brandy, in a cupful of hot gruel, the patient being in bed. Under this treatment perspiration has been excited, secretion increased, —but infinitely less ropy and adhesive, while the respiratory oppression and the *râles* have, in Professor's Graves's words, "notably subsided."

During the prevalence of the influenza in 1836, I had, in numerous cases, full opportunity of putting the practice fully to the test, for the disease with us was *acute bronchitis*. When delirium set in the patients did not often recover. In two of these cases, wherein vomiting and purging were present, the conjoint remedies were very effective, and soon gave freedom to the respiration, and saved the patients. Another individual who had been labouring under phthisis for eight months, on being seized with the epidemic, I found lying insensible and comatose without the slightest consciousness. The potassio-tartrate of antimony was administered; it acted efficiently, and the next morning he was able to describe his present and past state. He recovered from the bronchitis, but sank four months afterwards from the tubercular disease. In the case of an elderly gentleman the headach was severe; the administration of cordials neither increased nor diminished the pain, but the secretions became more copious; the breathing and râles were manifestly relieved, and the head eventually got well.

Case.—An elderly woman had been bled, blistered, and purged; calomel and digitalis had been exhibited, and the lowest diet enjoined. She came to Walsall for change of air. Her cough was distressing; her nights were sleepless; expectoration ropy and adhesive; bronchophony; râles sibilant and whistling. I had difficulty to persuade her to try the brandy in gruel, and leave off her pectoral and her demulcent diet. She made the experiment. Profuse perspiration, calm sleep, freedom from cough, and easy breathing, supervened:—She soon recovered her forces and got well. In only one case did the tartarised antimony produce cramps; the medicine was left off, and the patient rapidly recovered.

*Sonorous and dry râles, even mixed with crepitous, were the signal for the cordial.

CATARRHAL BRONCHITIS WITH GASTRIC DERANGEMENT.

Case.—A. ——, ætat. 79, had been ten days suffering under catarrhal bronchitis; pulse very quick; nights restless; tongue covered with a thick, yellow, ash-coloured coat; urine scanty; secretions from the bowels pitchy; air-vessels much congested, and the breathing noisy; cough severe, and the sputa a tough muco-purulent patch, round as a shilling, assuming the character of a thick, adhesive, ropy, catarrhal, mass. The treatment consisted of the exhibition of tartarised antimony, ipecacuanha, and a pill composed of minute quantities of rhubarb, calomel, and opium, with a mucilaginous mixture of the hydrocyanic acid, and the cordial at night. After three weeks repetition of the cordial with its usual effects—restoration of a plentiful secretion from the kidneys, &c.—he fancied himself restless, when gruel being substituted he thought all the good effects were continued, and by the additional aid of mild nourishment, the patient, even at his advanced age, was in seventeen days dismissed, cured.

STRAMONIUM IN CHOREA.

Professor Graves advocates the exhibition of stramonium as an antispasmodic in chorea. In my own practice, in severe cases, where progression could not be accomplished through the vacillating jactitation, but by the support of a person on each side, mercurial ptyalism has been signally successful. In one case a boy who, from fright, had loss of speech, complete disuse of his lower extremities, with violent and continued jactitation, recovered by the mercurial practice. In four other severe cases this treatment was permanently efficacious. The pill I made use of consisted of two grains of calomel, a fourth of a grain of tartarised antimony, and an eighth of a grain of opium; to be repeated every three hours. The amendment is perceptible very soon after the mercurial action is set up; but a continuation of the medicine for six weeks is, in severe cases, required.

GANGRENE OF THE HEART.

Case.—The mother of a boy, ætat. 19, requested me to see her son, whom she described as labouring under brain fever. I found him perfectly insensible,—pupils contracted. On examining his countenance his lips were purple, and there was a slight blue œdema about the mouth. I was satisfied that this was a severe disease of the heart, and mentioned that this was my impression. The history of the case was this:—The boy had been neither ill nor well for a fortnight; he had run away from his parents, and had been lodging with his new master, in a damp cellar, upon a bed of wet straw. Since the previous day his state

had become much worse. I bled him, taking away sixteen ounces, when he was able to describe the previous pain at his heart, his difficulty of breathing, faintness, and weakness. Calomel, squills, and digitalis were prescribed. The next day, being Friday, I found him relapsed into unconsciousness; he was again bled, but not with the same effect. He remained comatose, and sank on the Saturday morning. The friends would allow me to examine the chest only. The lungs were sound but gorged; the pericardium, containing four ounces of flocculent serum, was altered in transparency, and thickened; the heart whitish, flabby, but minutely injected with red hair vessels; substance decomposed, and very easily torn. The right cavities presented a deep purple-brownish hue, not merely painted upon the surface, for the organs offered the same character when deeply incised. The left cavity assumed a most splendid scarlet appearance, which also continued into its substance. The valves, in texture, were of the most friable nature. I entreated permission to preserve the right cavities, but was refused, the express condition of my being permitted to make an examination being that I should take nothing away.

INFLAMMATION OF THE FINGERS.

The following is an extract from Mr. Lawrence's clinical lecture on inflammation of the fingers, hand, &c. published in December last:—

"Numerous cases are seen at this hospital of serious inflammation affecting the hand and forearm, from slight neglected injuries of the fingers or hand. Suppuration in the palm or in the back of the hand, in the theca of the flexor tendons, among these tendons in the palm, under the annular ligament, and in the neighbouring part of the forearm, mortification of the flexor tendons in their sheath, are common results in such inflammatory disorders. Hence a finger is sometimes left stiff and extended, from the loss of the flexor tendons; sometimes the fingers generally are contracted and motionless. High inflammation, even without suppuration, often causes condensation of the loose and soft cellular tissue around the flexor and extensor tendons, by which they become agglutinated to each other and to the surrounding parts, with more or less considerable permanent stiffness. When the original injury has been neglected, and inflammation is coming on, active antiphlogistic treatment is required to prevent these serious consequences, or to lessen their amount; and we cannot attain the object without employing the same kind of efficacious measures that might be resorted to if an important internal organ were inflamed. Free venesection from the affected limb is the principal measure; after this blood must be taken from the part by means of numerous leeches, general antiphlogistic treatment and rest in bed, being combined with these measures."

Here is a graphic description, involving cause and effect, of a perilous state, which though of common occurrence is, alas, too frequently a deep source of mortification to many professional men, who supinely let the flesh actually rot in poultices, or become soddened in lotions, or who rely upon the equally inefficient, if not pernicious influence of plasters and unguents, until the whole mischief is developed, and deformity, or loss of the member by amputation, proclaims *the excellency of the cure;*—the patient *congratulating* himself that "matters were no worse." Not unfrequently, after the above futile proceedings, and lengthened attendance of the surgeon, both he and the patient become bewildered. The finger presents a huge, shapeless mass of lardaceous consolidation, with the joints rattling from the denudation of the cartilages.

I think the term MAMMOTH FINGER would aptly describe such a state, the disease attending which progresses, and the scene closes with the loss of the top of the member by amputation, both surgeon and patient being satisfied that no cure was to have been effected by any other means.

A man of much spite was constantly showing a contracted finger as an example of the stupidity of Mr. ——. The tendon had sloughed and his hand was inconvenienced for life. Yet this professional man was not aware that any blame could be attached to his practice, for he had bled, leeched, purged; but he had allowed the matter to burrow while the hand remained in a mass of poultice. The history of these cases is this:—A finger from a very slight accident is seized with inflammation, which extends to the hand; the glands in the axilla swell; the whole arm is hot, painful, and throbbing.

The redness indicates the gorged state of the capillaries; the swelling denotes a state of cellular effusion; the tensive process is in its full action, and all the phenomena of inflammation are developing themselves in parts of different structure. The bone has its fine periosteal covering soon affected and becomes carious. Tendons and fascia for a time resist inflammatory action, but this once set up they soon yield; muscular structure offers but little resistance. This is the usual result in such cases; but in those of the mammoth deposition, the above consequences are equally sure, though the diseased action is slow and chronic, leading to suppuration around the nail, and exfoliation of bone. The resistance offered during the existence of the tensive condition has led me to adopt a uniformly successful practice, adapted to any stage of the disorder, and affording immediate relief.

Case.—Within the last two months a brick-maker showed me his finger in a state of high inflammation, extending to the back of the hand. He was not aware that he had hurt the finger, but believed that the malady had come of itself. The pain in the hand and arm excruciating, the glands in the axilla enlarged, and his two last nights sleepless. With a lancet I made three deep incisions the whole length of the finger, dividing the integuments freely their whole depth. The divided vessels yielded twelve ounces of blood, and the pain was much relieved. When the bleeding ceased he was desired to apply a warm poultice of bread, milk, and lard; a purging powder was administered at bedtime, and the hand put into a sling. He made his appearance next morning after having passed a good night, quite easy and free from pain. Strips of adhesive plaster with moderate pressure were applied from the bottom to the top of the finger; in a few days the incisions healed, and he returned to his work.

Within a few days I had a similar case, save and except that the patient was aware of having received a slight injury. The mischief was instantly arrested by the incisions, and the finger healed in a few days.

Case.—A butcher had pricked his finger, and the usual train of symptoms supervened. For two months had the soft parts been rotting in poultices; the flexor tendons were contracted, and the metacarpal bone of the index finger diseased; there were several flabby openings, the matter extending under the palmar fascia. Altogether it was a formidable case, and I did not wonder that three surgeons had condemned the finger. I expressed an opinion that, bad as matters were, the finger might be saved, but that from the injury of the tendons and rattling of the joints he must be content with a stiff and crooked finger; all other measures failing there still would be amputation. Four incisions were made, one along the inside of the finger, and carried into the palm, to prevent the burrowing of matter. The incisions bled freely, and the case in a little more than three weeks terminated with trifling deformity; the exfoliation of the bone being hastened, and the strapping continued until a cure was effected.

Case.—A man between sixty and seventy had hurt his finger, which, after three months, attained the usual consolidated appearance, the mammoth character of shapeless unwieldiness. The first joint was rattling from the bones being deprived of their covering of cartilage. Both surgeon and patient were tired of each other, and the former insisted that nothing but amputation would arrest the disease. The practice I adopted was that of free incisions, followed with the strapping process, when, in the course of a month, the wounds were cicatrised, and the cure effected with stiffness of the first joint.

I could multiply cases, but these are sufficient to call attention to the practice, and I submit them as corroborative of the views of Mr. Lawrence, but I think the plan detailed relieves more securely and suddenly the local tension, preventing future mischief, if adopted in the early stage. I do not wait for suppuration, but attack the tensive swelling. The practice may seem to some severe, but it is far less painful and distressing than the endurance of the tension and throbbing of an inflamed limb, and sleeplessness from suffering. In Mr. Lawrence's cases, as detailed by him, the inflammation was subdued, but the mischief ended in stiffness and deformity.

UNIVERSITY COLLEGE HOSPITAL

ANEURYSM OF THE SUBCLAVIAN ARTERY.—OPERATION.—UNUSUAL COURSE OF THE VESSEL.

W. B., aged 32, of melancholic temperament, a clerk in a wharf office, was admitted September 13, under the care of Mr. Liston.

History.—He is a strong healthy man, of active habits, and accustomed to take much walking exercise; had always enjoyed good health. Five or six years ago, had a bubo in the groin, for which he rubbed in mercurial ointment and became salivated. He is left-handed. Seven weeks ago he perceived some numbness in the right arm; he had been shortly before occupied in writing from six o'clock in the morning until eight o'clock at night; he considered, at that time, that this unusually close application had produced the numbness. He did not notice that the numbness much increased, but he perceived it earlier in the moving than at first; it was most perceptible in the muscles of the upper arm; the arm was also much weaker. On the 9th of September he first perceived a slight swelling above the clavicle, which, on extending the arm, again receded.

Sept. 14. His general health is quite good; his bowels regular; no violent or irregular action of the heart; pulse 58; all the secretions natural. He does not sleep very much. The pulse of the right arm is somewhat smaller than that of the left. Above the right clavicle, external to the sterno-mastoid, is a pulsating tumour, about the size of a hen's egg; the pulsation is synchronous with the action of the heart. The pulsation of the tumour is but very slightly lessened on pressure being made at the top of the sternum. On the application of the stethoscope to the tumour distinct *bruit de souffle't* may be heard; the tumour may be made to disappear almost entirely by pressure applied upon it.

15. He has had very little sleep; feels rather more nervous and alarmed, and has complained of violent pain in the muscles of the arm during the night. The tumour has certainly increased in size since yesterday, and there is much pulsation in it; it communicates a distinct thrilling sensation to the finger, on pressure. Between the tumour and the anterior scalenus a space of about three quarters of an inch may be felt.

17. The tumour has evidently much increased during the last two days, both in prominence and circumference. The aneurysm has now receded quite to the edge of the scalenus muscle. Mr. Liston has decided on tying the carotid and subclavian arteries at their origin from the innominata; with this determination, as there was not room to tie the subclavian under the scalenus, on account of the increased size of the tumour, he proceeded to operate on the

20th. *Operation.*—The patient was placed on the table, his shoulders somewhat more elevated than his head, which was inclined to the left side. An incision was made three inches in length, from the centre of the top of the sternum upwards to the left side of the trachea; another incision, three inches in length, along the clavicle, fell upon the extremity of the first one at right angles. The triangular flap thus formed was raised, and a small artery which was divided was tied. The sternal and part of the clavicular portion of the sterno-mastoid muscle was divided; a vein was then exposed, and was cut across, being tied above and below. The sterno-hyoid and sterno-thyroid muscles were then divided close to their origin, and the situation of the artery sought for by the side of the trachea. The fascia covering it was dissected off, and after some little time an artery running upwards alongside, and in the direction of the trachea, was exposed; this was supposed by Mr. Liston to be the carotid. The origin of the subclavian, lower down, from the innominata, was then sought for, but not discovered. A more free dissection was made outwards towards the scalenus, in hopes of meeting it, and the external jugular vein was exposed, and held aside by a copper spatula. Although the parts were pretty freely exposed, no subclavian could be found. Pressure was then made upon the artery which had been exposed, in order to observe whether it influenced the pulsation in the aneurysmal tumour; the pulsation was found to be somewhat lessened. It was, therefore, conjectured that the artery first exposed was a long innominata which divided very high up. Mr. Liston now determined to ligature the innominata, as it was apparently so long, and afforded so good a chance for a clot to form. A ligature was placed round the vessel, and the artery compressed upon it, but no diminution in the pulsation in the aneurysm took place. Where, then, was the subclavian? It could not be low down, arising from a very short innominata, as it had been sought in that situation; it could not be high up, arising from a long innominata, as the vessel which was apparent had been accurately compressed, and this did not affect the aneurysm. Very firm pressure was now made behind the exposed vessel (the carotid), and the tumour was now found to pulsate with less distinctness; the exposed vessel was, therefore, held inwards by the ligature already around it, and the dissection continued backwards towards the vertebral column; the par vagum was exposed and held outwards, and after some dissection the subclavian artery was discovered, full half an inch behind the exposed artery, now known to be the carotid. A ligature, by means of a simple and slightly-curved aneurysm-needle, was passed round the subclavian, and tied; the ligature round the carotid, which had not been tied, was removed. The subclavian was separated from the carotid by a distinct fascia, and a quantity of adipose substance. It now appeared probable to Mr. Liston and Mr. Quain, who assisted during the operation, that the artery he had first exposed was the carotid, arising singly, that the innominata was absent, and that the subclavian arose from the aorta on the left side, crossed under the trachea and behind the carotid. Hence the difficulty of discovering the artery when the first vessel was detected. Cold water dressing was placed on the wound, the patient put to bed on his belly, and precautions taken that no collection should take place in the bottom of the wound. The patient bore the operation with great fortitude. Pulse, half an hour after the operation, weak, 78, compressible. He suffered no pain.

Vespere. Had been restless, from lying constantly on his belly; some confused sensations in the head; tongue coated. Has complained of some pain in the right arm. Temperature in both limbs much the same. No pulsation in the arteries of the right arm or in the aneurysmal tumour. Face somewhat flushed.

21. *Mane.* Has not slept much. Pulse 74, compressible; tongue coated; slight uneasy sensations in the head; some little pain in the right arm, which is somewhat hotter than the left; feels more comfortable and reconciled to his constrained position; little thirst.—Milk and water; beef tea; tea and bread.

Vespere. Pulse 70; tongue coated; no pain in the arm or head; has passed a comfortable day; bowels have not been moved. —To have a colocynth and calomel pill to-night; an aperient draught in the morning.

22. Purgative acted; did not sleep well in consequence of pain in his arm. Still kept on his belly.

23. No fever; still little sleep; pain in arm less; no pain in head. Doing well.

TUMOUR OF THE LOWER JAW.—DISARTICULATION OF BONE.

A. P., aged 60, was admitted July 12, under the care of Mr. Liston.

History.—Has been subject to toothach, and has lost nearly all her teeth. About January last the front tooth of the lower jaw became very painful, and the gum much inflamed. The tooth was extracted, but the jaw remained painful, and early in March last the lower jaw began to enlarge on the left side of the symphysis, and a swelling was perceptible externally. The pain was very severe. The swelling has continued to increase up to the present time; no discharge has taken place. A probe may be passed into the bone in the situation of the first lateral incisor. A seton was passed into the bone, and through the skin at the lower part of the chin.

19. The seton has caused great pain, inconvenience, and irritation.

22. A small fungous growth is shooting from the opening which was made below the chin for the seton.

25. The swelling and enlargement of the bone have extended to the right side of the symphysis. Some matter was let out by an incision on the left side.

After this time she went into the country, and the swelling gradually increased until her re-admission into the hospital on the 18th of September, when she presented the following appearances:—All the teeth were removed from the right side of the lower jaw; a tumour had grown up and completely involved the right side of the symphysis, as far as the angle of the jaw, extending, also, about an inch to the left side. The tumour was about three times the size of the natural bone; it had a soft appearance, similar to the gum, did not bleed much, was rather painful, and extended inwards towards the tongue. On the lower part of the chin an ulcer the size of half-a-crown was present, from which the same kind of growth as that observed within the mouth projected. Some enlarged veins were apparent in the skin covering the lower jaw. Mr. Liston recommended the removal of the disease.

20. *Operation.*—The patient was seated in a chair, and the right carotid compressed by an assistant. The first incision, which the operator effected with the left hand, extended from the front of the right ear to about two inches to the left of the symphysis; another incision was made from the left angle of the jaw, in front of the chin, to the termination on the left side of the first incision, including an elliptical portion of skin forming the prominence of the chin. Mr. Liston then dissected the tissues from the first incision along the base of the jaw, passed his knife behind the bone on the left side of the symphysis, made a communication behind between the upper and lower incisions, passed his finger through close to the bone, and then cut across the bone with the cutting pliers. A strong ligature was then introduced through the tongue, in order to prevent it from falling backwards, the cut end of the jaw turned to the right side, and the muscles and other parts then separated from it; the upper flap was raised, the masseter muscle cut through, and the tendon of the temporal separated from the coronoid process, the articulation was opened in front, pulled down, and the knife being carried round close behind the jaw, removed the whole diseased mass. The facial artery, the transverse facial, and the lingual, were the only arteries tied.

About three-fourths of the lower jaw were thus removed within a space of time which certainly did not exceed *five minutes*. Nothing could excel the rapidity with which Mr. Liston executed this difficult and (in the hands of most surgeons) tedious operation; nor could anything impress the mind of the spectator with a deeper sense of the progress which operative surgery has made under a bold, cool, and skilful anatomist, than to witness the ease with which the excision of this tumour was effected. The patient fainted towards the close of the operation, but soon revived, and was removed to bed.

Eight hours after the operation, two more arteries having been secured, the edges of the wound were brought together by three sutures. The patient vomited, but remained free from fever.

21. Has passed a good night; slept several hours; feels comfortable. The ligature was removed from the tongue. Beef-tea and arrow-root were given, being conveyed by means of a long spout to the root of the tongue.

10, P.M. Pulse 80; no fever, or heat of skin; bowels have been freely opened. She has dozed during the day, and appears pretty comfortable. Sutures removed; considerable adhesion has taken place; the tongue is somewhat swollen from the ligature.

22. Doing well in every respect. Takes her food well in the manner described.

23. Not a single unfavourable symptom has supervened; wound nearly healed.

ACADEMY OF MEDICINE, PARIS.

August 27th.

RESECTION OF THE INFERIOR MAXILLARY BONE.

M. Lisfranc exhibited to the Academy an osseous tumour which he had recently removed, together with two-thirds of the lower jaw-bone on the left side. The tumour, composed of an enormous osseous cyst, containing a number of serous cysts, was as large as an infant's head, and extended from the level of the malar bone to

the middle of the neck; the divisions of the primary carotid were thus completely covered by the tumour, which also extended into the pharynx. The disease commenced about fifteen years ago, after the removal of two teeth, when the alveoli were quickly filled with fungoid vegetations, giving rise to acute pain, &c. The knife and cauteries were employed with temporary relief; the disease made but slow progress for ten years, but it had increased rapidly during the last five. On the 30th of July M. Lisfranc had recourse to the following mode of operation. An incision was made from the free edge of the lip round the base of the lower jaw, and ascending upwards behind the tumour to the articulation. This furnished a large flap, which was turned upwards on the forehead, and a number of vessels were tied or twisted. It now become necessary to separate the tumour from the sterno-cleido-mastoid muscle, and this was effected with very great difficulty, and chiefly with the fingers, a considerable portion of the primary carotid artery being completely exposed. The bone was now sawn through, on a level with the first molar tooth, which had been previously extracted, and the two portions were separated sufficiently to allow of the genio-hyoid and genio-hyo-glossal muscles being divided with a probe-pointed bistoury. The operator next introduced two fingers into the cavity of the pharynx, and having thus rendered its walls tense, was enabled to separate it, though very slowly, from the tumour, with a blunt-pointed scissars. The insertion of the temporal muscle having been also divided with the scissars, the bone was turned outwards, but the neck broke off close to its articulation; this portion, however, was soon removed, and the operation finished. The woman bore the operation with the greatest courage. When all hæmorrhage had ceased the lips of the wound were brought together with thirty-two points of the twisted suture. On the first night after the operation the patient slept for a couple of hours, and everything went on well with the exception of a few nervous symptoms. Nearly the whole of the enormous wound united by the first intention, but a portion subsequently was attacked with erysipelas, and become gangrenous; this, however, gave rise to little disturbance; the wound healed rapidly, and now (August 27th) nothing remains but a fistulous opening, which decreases daily. The patient walks about in the garden, speaks well enough, and is able to swallow without any difficulty both solid and liquid food.—*French Gazette*, No. 35, 1839.

In addition to the cases of MM. Liston and Lisfranc, which we have reported above, we feel much pleasure in recording a case of partial excision of the lower maxillary bone, which was recently effected by Dr. Bull, one of the surgeons to the South Infirmary, Cork. We believe that this is the first example of excision of the inferior maxilla having been performed by a provincial surgeon in Ireland.

SOUTH INFIRMARY, CORK.

FIBRO-CARTILAGINOUS TUMOUR OF THE LOWER JAW.

ANNE WHELSTON, aged five years, was admitted into the South Infirmary, under the care of Dr. Bull, on the 5th of July, 1839, with a tumour of the lower jaw, occupying the left side, from the symphysis to the ramus, and appearing to grow from, and be identified with, the bone itself. Its size exceeded that of a large goose-egg, the greater portion extending inwards towards the mouth, and the external part, which produced great deformity, reaching upwards as high as the malar bone.

The child having been prepared by the administration of aperients, Dr. Bull proceeded to operate, before a number of medical gentlemen and the pupils of the hospital. He commenced by an incision, extending from the commissure of the lips on the left side, and terminating at a point midway between the angle of the jaw and its articulation. The soft parts were next removed from the bone by a careful dissection, commencing at its facial aspect, and meeting it with a similar dissection from within the mouth. A small metacarpal saw was inserted between the incisor teeth, and this instrument having been used for some time in a nearly horizontal direction, the section was completed with one of Hey's saws. The metacarpal saw was next applied to the ramus, and the bone separated about half an inch above its angle.

Three arteries were tied, but the facial was the only one of importance, and had to be secured during the progress of the operation; the divided cheek was brought together by three or four interrupted sutures and adhesive straps. The child was carefully dressed, and attended to by Mr. Purcel, an intelligent pupil of the hospital, and discharged, perfectly cured, and with scarcely any deformity, on the 25th of July, twenty days after the operation.

On a section being made of the tumour, it appeared to be of fibro-cartilaginous structure; the molar teeth were imbedded in its substance, and interstitial absorption of the alveolar surface of the bone had taken place to a considerable extent.—*Dub. Med. Press.*

TO CORRESPONDENTS.

THE communications of many correspondents, and replies to many questions, shall be given next week.